AGAPÉ BOARDING SCHOOL

"A school with a heart, in the heart of Missouri"

PLEASE ATTACH A CURRENT PICTURE OF YOUR TEEN HERE

ADMISSION APPLICATION

(Please complete entire application)

Please type or print clearly: Person completing application?_____

Date:_____ How did you hear about Agape?_____

Applicant Information Is applicant a U.S. citizen?_____

Name of child:_____ S.S.#:_____-____-_____ Age:_____

Birthplace:_____ Birthdate:____/_____/_____ Current Grade:_____

Ethnicity:_____ Religious Affiliation:_____

Is your child presently living at home? Y / N If no, please explain:_____

_____

_____

Hair color:_____ Eye color:_____ Height:_____ Weight:_____

Tattoos:_____ Scars:_____

Please list friends or relatives that your child might try to contact: *(include phone numbers)*

_____

_____

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Previous Programs Has your child had previous placements outside the home? Y / N

If yes, please list all other programs, schools, family members, and hospital or other institutions:

_____

_____

Parent Information *(If deceased please note date and cause)*

Father's Name:_____ Age:_____ Occupation:_____

Address:_____City:_____ State:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Fax:_____

Cell:_____ Email:_____

Best method of contact:_____ Best time to contact:_____

Mother's Name:_____ Age:____ Occupation:_____

Address:_____City:_____ State:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Fax:_____

Cell:_____ Email:_____

Best method of contact:_____ Best time to contact:_____

Stepfather's Name:_____ Age:____ Occupation:_____

Address:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Fax:_____

Cell:_____ Email:_____

Best method of contact:_____ Best time to contact:_____

Stepmother's Name:_____ Age:_____ Occupation:_____

Address:_____City:_____ State:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Fax:_____

Cell:_____ Email:_____

Best method of contact:_____ Best time to contact:_____

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Please give the following information of each immediate member of your family:

NAME	AGE	RELATION	CURRENTLY LIVING WITH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Persons to notify in case of emergency *(other than parents)*

Name:_____ Relationship:_____ Phone:_____

Name:_____ Relationship:_____ Phone:_____

Social History: *Please describe the personality of your child in the following phases)*

Birth to six years old:_____

_____

_____

Seven to twelve:_____

_____

_____

Thirteen to present:_____

_____

_____

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Present Problems

What are your child's current behavior problems?_____

_____

_____

_____

_____

_____

Family Relationships *(please describe your child's relationship with family members)*

Father:_____

_____

Mother:_____

_____

Stepfather:_____

_____

Stepmother:_____

_____

Siblings:_____

_____

Please describe any other significant relationships with family members:_____

_____

_____

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Divorce/Separation History

Are parent's divorced? Y / N If yes, when?_____ Who has custody?_____

Has the divorce or separation been an issue for your child? ? Y / N If yes, explain:_____

_____

Any past or current custody battles? Y / N If yes, explain:_____

_____

Have either parent remarried? Y / N Has this been an issue with your child? Y / N

If yes, please explain:_____

_____

Adoption

Was your child adopted? Y / N If yes, when? _____ Age?_____

Where was your child adopted from?_____ Previous adoption homes? Y / N

Please explain any special circumstances leading up to the adoption:_____

_____

Has the adoption been an issue for your child? Y / N If yes, explain:_____

_____

Do they know information about their biological parents? Y / N If yes, explain:_____

_____

Have the biological parents been involved? Y / N If yes, explain:_____

_____

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Behavioral History

Has your child ever demonstrated aggressive or violent behavior? Y / N If yes, please explain:

_____

Has your child had any involvement with the legal system? Y / N If yes, please explain:

_____

Has your child ever talked about, threatened, or attempted suicide? Y / N If yes, please explain:

_____

Does your child have a history of self-mutilation? Y / N If yes, explain:_____

_____

Has your child had any changes in behavior or mood? Y / N If yes, explain:_____

_____

When did these changes occur?_____

Has your child discussed any abnormal thoughts? Y / N If yes, explain:_____

_____

Please describe the history of any specific disorder your child has had:_____

_____

Please check any of the following characteristics that apply to your child:

❑ Shy or timid	❑ Withdrawn	❑ Daredevil behavior
❑ Bed-wetting	❑ Cruel to animals	❑ Play with fire
❑ Unhappy	❑ Fear of losing control	❑ Verbal abuse
❑ Witness to violence/abuse	❑ Strange thoughts	❑ Difficult to control
❑ Aggressive towards others	❑ Loner	❑ Destructive
❑ Restless	❑ Gang involvement	❑ Physical abuse

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If your child has ever run away, please answer the following questions:

How many times has your child ran away: _____ When?_____ Alone? Y/ N

How long was he gone?_____ Did he call home? Y / N Distance traveled?_____

Who did he stay with?_____ Was your child involved in illegal activity? Y / N

If yes, please describe in detail:_____

_____

What was the reason your child ran away?_____

Social Relationships

Does your child make friends easily or have difficulty making friends?_____

Does your child prefer to be alone? Y / N Does your child get along well with others? Y / N

Are your child's friends usually younger, older, or the same age? _____

Are your child's friends usually the same sex or opposite sex?_____

Has your child recently changed friend groups or stopped hanging out with current friends? Y / N

What type of peer groups does your child spend time with?_____

What are your feelings about your child's friends?_____

Sexual History

To your knowledge, has your child been sexually active?_____

_____

Has your child had any sexual problems?_____

_____

Has your child exhibited any sexual identity issues or inappropriate sexual behavior?_____

_____

To your knowledge, has your child ever been sexually abused or raped?_____

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History of abuse: (Sexual, Physical, and Emotional)

Specific History of Abuse

Specify Whether Victim or Offender:_____

Incest:_____

_____

Rape:_____

_____

Molestation:_____

_____

Sexual Perpetration:_____

_____

Physical Abuse:_____

_____

Verbal/Emotional Abuse:_____

_____

Neglect:_____

_____

Legal measures taken:_____

_____

_____

Child's behavior and attitude exhibited:_____

_____

Degree of family involvement:_____

_____

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Medical Information

Please list all who have examined or treated your child: *(Physicians, Psychiatrist, Psychologist, etc.)*

Name:_____ Nature of Services:_____

Address:_____ Date(mm/yy):_____ Age:_____

Medications:_____ Currently taking? Y / N

Doctor Prescribing:_____ Reason for Prescribing:_____

Reason for discontinuing/side-effects:_____

Please check any of the following conditions that apply to your child:

❑ Childhood diseases	❑ Headache	❑ Seizures
❑ Sinus	❑ Thyroid	❑ Pneumonia
❑ Asthma	❑ Emphysema	❑ Tuberculosis
❑ Heart attack	❑ Enlarged heart	❑ Valve disease
❑ Heart Murmur	❑ High blood pressure	❑ Emotional problems
❑ Chest pain	❑ Gall bladder problems	❑ Hepatitis
❑ Heartburn	❑ Ulcers	❑ Bowel Disease
❑ Hemorrhoids	❑ Bloody stools	❑ Kidney stones
❑ Bladder problems	❑ Broken bones	❑ Arthritis
❑ Anemia	❑ Cancer	❑ Diabetes

If you answered yes to any of the above, please explain:_____

_____

Please list any allergies:_____

_____

Past or recent tobacco, alcohol or drug use? Y / N Please explain:_____

_____

Family history of substance abuse:_____

_____

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To adequately understand the parent/child relationship and its impact on the child, it is very important that we know of any family therapy. Please list all psychiatric, psychological and/or marriage and family therapy that the family members have participated in:

Name of Therapist:_____ Dates seen:_____

Address:_____ Nature of Services:_____

What was addressed:_____

Frequency:_____ Family members who participated:_____

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Address:_____ Nature of Services:_____

What was addressed:_____

Frequency:_____ Family members who participated:_____

Please list any past/present medical concerns or conditions of family members which may affect your child or family relationships:_____

_____

_____

_____

_____

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Additional Information

Have there been any circumstances in the child's life which have been hard for him to accept?

_____

_____

Have there been any deaths of family or friends that have greatly impacted your child?

_____

_____

What does your child believe his current problem to be?

_____

What are your expectations of placement at Agapé Boarding School?

_____

What do you see as your child's estimated stay at Agapé Boarding School?

_____

How do you plan to be involved with your child's growth while at Agapé Boarding School?

_____

_____

What is your child's perception of being placed at Agapé Boarding School?

_____

_____

What do you see your child's and your family's goal of sending him to Agapé Boarding School?

_____

Please attach any additional information that you think will be helpful in understanding your child's current situation.

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What are your child's special needs and strengths in the following areas?

Physical

Needs:_____

_____

Strengths:_____

_____

Familial

Needs:_____

_____

Strengths:_____

_____

Educational

Needs:_____

_____

Strengths:_____

_____

Spiritual

Needs:_____

_____

Strengths:_____

_____

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Social

Needs:_____

_____

Strengths:_____

_____

Psychological

Needs:_____

_____

Strengths:_____

_____

Educational History

Please describe your child's performance ***(grades, relationship with teachers, behavior, etc.):***

Elementary school:_____

_____

Junior High:_____

_____

High School:_____

_____

Has your child had difficulties in school? Y / N If yes, please explain:_____

_____

Has your child had an IEP (Individualized Education Plan) or special education placement? Y / N

If yes, please explain:_____

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Has your child been diagnosed with ADD, ADHD, ODD or other diagnosis? Y / N If yes, please list:

_____

Does your child have poor eyesight, hearing loss, speech impediment, etc? Y / N If yes, please explain:_____

Has your child ever repeated grades? Y / N If yes, which grades?_____

Has your child ever been suspended or expelled? Y / N If yes, when?_____

Please explain:_____

_____

Name of Schools Attended Grade Year Reason for Leaving

_____

_____

_____

Name of current school:_____ Phone:_____

Address:_____ City:_____ State:_____ Zip:_____

Current Grade:_____ Still Attending? Y / N Last grade completed:_____

What do you perceive as your child's current academic needs?_____

_____

_____

You are now ready to submit your application!
You can submit your application by fax, email, or mail.

_____

Agapé Boarding School

12998 E. 1400 Rd. ● Stockton, MO 65785
Office: 417-276-7215 ● Fax: 417-276-7217
Email: admissions@AgapeBoardingSchool.org

AGAPÉ BOARDING SCHOOL

Financial Information

Effective August 1, 2015

Agapé Boarding School strives to deliver the best possible training, both spiritually and educationally, at the most reasonable price possible. Tuition and fees are geared to cover the regular operational expenses of the program. We urge parents and others to consider that Agapé Boarding School, as a ministry of Agape Baptist Church, is exempt from federal income tax under section 501 C (3A) of the Internal Revenue Code as an organization described in section 501 C (3A); therefore, any donated cash and/or property may be deducted from the donor's federal income tax.

Tuition is $3,250 per month, for a total of $39,000 for a year. Tuition includes room and board. In addition, parents are responsible for enrollment fees of $2,750 which must be paid on the date of the student's arrival.

Total amount due on student's arrival

Tuition: $3,250.00

Enrollment Fees: $2,750.00

Total Due: $6,000.00---Non-refundable

Subsequent monthly tuition payments of $3,250 are due as determined by the enrollment date and confirmed by the finance office at enrollment. Please plan for your payment to arrive no later than the due date as there is no "grace period." Once an account becomes 30 days past due, a letter will be sent to the parent or guardian to make the account current. If the account is not made current within 15 days of that letter, the student will be discharged and sent home at the parent's expense.

If a parent withdraws a student before the contract is up or if the student is withdrawn for financial reasons as listed above, there will be a $3,500 early termination fee added to the student's bill. If Agapé expels a student for non-financial reasons then this fee does not apply.

Enrollment Fee: $2,000
Uniform & startup items: $750
First month's tuition $3,250
*Student Account: $150
TOTAL: $6,150