

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:

Date: _____

Applicant Information

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: _____

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:

<u>Facility/Address</u>	<u>Date</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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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: _____

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

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

Home Phone: _____ Work Phone: _____ Fax: _____

Cell: _____ Email: _____

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

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

Home Phone: _____ Work Phone: _____ Fax: _____

Cell: _____ Email: _____

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

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

Home Phone: _____ Work Phone: _____ Fax: _____

Cell: _____ Email: _____

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

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

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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: _____

Present Problems

What are your child's current behavior problems? _____

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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: _____

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: _____

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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: _____

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: _____

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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:

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 Withdrawn | 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

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? _____

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Runaway Information

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

Tattoos: _____ Scars: _____

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

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)

Specify Whether Victim or Offender: _____

Specific History of Abuse

Incest: _____

Rape: _____

Molestation: _____

Sexual Perpetration: _____

Physical Abuse: _____

Verbal/Emotional Abuse: _____

Neglect: _____

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Legal measures taken: _____

Child's behavior and attitude exhibited: _____

Degree of family involvement: _____

Substance Abuse Use

Has your child ever used tobacco, alcohol or drugs? Y/N Please describe history, usage, types, frequency, interventions, etc.: _____

Family history of substance abuse: _____

Current substance abuse (including tobacco and alcohol): _____

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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: _____

Name: _____ Nature of Services: _____

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

Medication: _____ Doctor Prescribing: _____

Currently taking? Y / N Reason for Prescribing: _____

Reason for discontinuing/side-effects: _____

Medication: _____ Doctor Prescribing: _____

Currently taking? Y / N Reason for Prescribing: _____

Reason for discontinuing/side-effects: _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Childhood diseases | <input type="checkbox"/> Headache | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Sinus | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Enlarged heart | <input type="checkbox"/> Valve disease |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Emotional problems |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Gall bladder problems | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Bowel Disease |
| <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Bloody stools | <input type="checkbox"/> Kidney stones |
| <input type="checkbox"/> Bladder problems | <input type="checkbox"/> Broken bones | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |

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

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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: _____

Name of Therapist: _____ Dates seen: _____

Address: _____ Nature of Services: _____

What was addressed: _____

Frequency: _____ Family members who participated: _____

Name of Therapist: _____ Dates seen: _____

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
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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

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Financial Information

Effective November 8, 2010

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 \$2,400 per month, for a total of \$28,800 for a year. Tuition includes room and board. In addition, parents are responsible for enrollment fees of \$3,600 which must be paid on the date of the student's arrival.

Total amount due on student's arrival

Tuition: \$2,400.00

Enrollment Fees: \$3,600.00

Total Due: \$6,000.00

Subsequent monthly tuition payments of \$2,400 are due by either the 3rd or the 18th of each month as determined by the enrollment date and confirmed by the finance office at enrollment. The second month will be pro-rated to make the payment plan follow the schedule. 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 \$3,000 early termination fee added to the student's bill. If Agapé expels a student for non-financial reasons then this fee does not apply.

Explanation of Enrollment Fees

Enrollment: \$2,950 (One-Time—By Arrival)

Uniforms: \$500 (Annual)

Student Acct: \$150 (Replenished as Needed)

Total: \$3,600 DUE ON ARRIVAL—IN ADDITION TO TUITION