

PARENT ORIENTATION

Each parent must initial a blank to verify their understanding of that point.

_____ Parent(s)/guardian has read the Parent Handbook or all information provided on www.agapeboardingschool.org.

_____ Parent(s)/guardian understand that they call the school staff as often as necessary.

_____ Parent(s)/guardian understand about transferring credits from previous schools.

_____ Parent(s)/guardian understand they can write as often as they like.

_____ Parent(s)/guardian understand that visits **must** go in order and they **must** be **4 months** apart.

_____ Parent(s)/guardian understand that all visits must be approved in advance and are contingent upon the student's behavior.

_____ Parent(s)/guardian understand that the **first visit** with the student will be after 4 months. This is a **3 day visit** that must be **on campus**. **Only parents or guardians are allowed to visit on this visit.**

_____ Parent(s)/guardian understand that the **second visit** will be after 8 months. This is a **4 day visit**; the student may leave campus but **must return each night**.

_____ Parent(s)/guardian understand that the **third visit** will be after 12 months. This is a **4 day off-campus visit**, including travel time. **This visit must be within the state of Missouri.**

_____ Parent(s)/guardian understand that all visits after the third visit will be determined by Agapé.

_____ Parent(s)/guardian understand that there can be no **home visits during the first 16 months** of the student's enrollment.

_____ Parent(s)/guardian understand that the student must be enrolled for **the entire term of the enrollment agreement**. If the student is removed before the contract is completed, the parent will be charged a **\$3,000 early withdrawal fee**, which must be paid before any academic other records will be released. The unpaid balance of tuition is also due at this time.

_____ Parent(s)/guardian understand that they are never to discuss with the student when he will be removed from the school. This causes problems because a student will usually develop a bad attitude and not work as hard in school when he knows he is leaving. Failure to follow this policy may result in immediate expulsion.

_____ Parent(s)/guardian understand Agapé's Non-Interference policy. Please allow us to do our job. If you have questions about a rule or policy, please call. We need parents to support our efforts to help change their sons. Failure to follow this policy may result in immediate expulsion.

_____ Parent(s)/guardian understand that no books, magazines, or subscriptions are to be sent to the student. Instead, please donate reading material to the Agapé library. Once the book has been approved the students can check it out from the library.

- _____ Parent(s)/guardian understand that they cannot send any food to the student.
- _____ Parent(s)/guardian understand that Agapé is not responsible for any student's property.
- _____ Parent(s)/guardian understand Agapé's run-away policy. Once he runs away, we will notify the parent and the Cedar County Sheriff's department. Once he has been caught, the student should immediately be returned to Agapé. Once the student returns, he will begin enrollment from the beginning (including visits). Monthly tuition will continue but enrollment costs will not be required.
- _____ Parent(s)/guardian understand that Agapé reserves the right to use Juvenile Management Crisis Techniques, also called "restraints" under the guidelines set forth on pages 19-20 of the parent handbook.
- _____ Parent(s)/guardian understand that all incoming and outgoing mail will be read. They understand that any offensive or negative mail may not be delivered. Students are not allowed to lie in his letters.
- _____ Parent(s)/guardian understand that all student packages are searched. Any items that are not allowed will be removed and will not be delivered to the student.
- _____ Parent(s)/guardian understand that we use many forms of discipline, including essays, standing against the wall, pushups, memorization and work details. We do not spank students.
- _____ Parent(s)/guardian understand that students will not go off campus for any medical services until he is off "New Kid" status (yellow or orange shirt). Medical emergencies are the only exception.
- _____ Parent(s)/guardian understand that if they have any questions about a policy or rule, they can call the office or ask while visiting their son.
- _____ Parent(s)/guardian understand that they must fill out the Dual Enrollment Application for Lighthouse Christian Academy to participate in the accredited curriculum program.
- _____ Parent(s)/guardian understand that PPD testing and a sports physical is required. Stockton Lake Walk-in Clinic and Family care will be administering this if student arrives without a current PPD test or sports physical.

Please include a copy of the student's birth certificate and immunization records with the orientation paperwork. Please notify the Agapé office if the student's former school will send that paperwork.

PARENT/GUARDIAN'S AGREEMENT FOR EDUCATIONAL SERVICES

This agreement between _____ (collectively "I") and AGAPÉ BOARDING SCHOOL, a ministry of AGAPÉ BAPTIST CHURCH, ("AGAPÉ BOARDING SCHOOL"), entered into in Cedar County, Missouri, on this ____ day of _____, 20__ ("Agreement"). I agree to and consent to be bound by the following terms and conditions related to the enrollment and participation of _____ ("Child") in an educational and inspirational course of study ("Program") with AGAPÉ BOARDING SCHOOL:

1. **AUTHORITY TO ENROLL:** I affirm that I am the natural birth parent or legal guardian appointed by a court of competent jurisdiction and as of the date of this Agreement I am vested with the legal authority to enroll the Child in a program with AGAPÉ BOARDING SCHOOL. I agree to hold harmless and indemnify AGAPÉ BOARDING SCHOOL for any loss or expense it may incur by any action related to custody or decision making regarding the Child initiated by any person claiming the right to such custody or decision making.
_____ (Parent/Guardian Initial)
2. **TERM OF ENROLLMENT:** I agree that the Child shall enter into a term of enrollment at AGAPÉ BOARDING SCHOOL, commencing on the ____ day of _____, 20__ and terminating on the ____ day of _____, 20__, and continuing from month to month thereafter, subject to the terms and conditions of this Agreement. Monthly tuition is: _____, and will be due each month on the students date of arrival. If payment is received 5 days after due date, a late fee of \$25.00 will be accessed.
_____ (Parent/Guardian Initial)
3. **INSTALLMENT PAYMENTS OF TUITION AND EXPENSES:** I understand that any monthly or other periodic installment payments of tuition and expenses related to the Child's enrollment in the Program are permitted only as a convenience; that the full year's tuition and fees are owed upon arrival but allowed to be paid monthly, and AGAPÉ BOARDING SCHOOL reserves the right to refuse acceptance of such payments and demand full payment of all tuition and expenses due upon the terms and conditions provided herein.
_____ (Parent/Guardian Initial)
4. **EARLY REMOVAL:** I will not remove the Child from the Program at AGAPÉ BOARDING SCHOOL prior to the termination date set forth in this Agreement. Any removal of the Child prior to the termination date set forth in Paragraph 2 above is a breach of this Agreement and the balance of tuition and expenses related to the Child's enrollment plus a \$3,000 early withdrawal fee shall immediately become due and owing, regardless of any prior agreement permitting monthly or other periodic installment payments of the Child's tuition and expenses, and subject to collection as provided in paragraph 6 of this Agreement.
_____ (Parent/Guardian Initial)
5. **DISMISSAL AND EXPULSION:** In the sole discretion of AGAPÉ BOARDING SCHOOL, the Child may be dismissed or expelled from the Program thus terminating the Child's Term of Enrollment. Upon dismissal or expulsion of the Child from the Program prior to the termination date set forth in Paragraph 2 above, all tuition and expenses related to the Child's enrollment as of the date of dismissal shall immediately become due and owing, regardless of any prior agreement permitting monthly or other periodic installment payments of the Child's tuition and expenses, and subject to collection as provided in paragraph 6 of this Agreement.
_____ (Parent/Guardian Initial)
6. **COLLECTION OF TUITION AND EXPENSES:** I shall reimburse AGAPÉ BOARDING SCHOOL for all expenses incurred in collecting from me the outstanding balance then due and owing, including, but not limited to, reasonable attorney fees, court costs and simple interest at the rate of nine per cent per annum calculated from the date of the Child's early removal from the Program, dismissal or expulsion from the Program or other event described herein or by incorporation. AGAPÉ BOARDING SCHOOL reserves the right to withhold and refuse to disclose the Child's transcripts, grade reports, or any other form of assessment, to secure the payment of any outstanding tuition or expenses, which includes any and all medical and dental expenses, pharmacy bills, student account, tutoring costs, etc. subject to provisions for automatic stay under the United States Bankruptcy Code.
_____ (Parent/Guardian Initial)
7. **RECEIPT OF PARENT HANDBOOK:** By initialing this Paragraph, I state that I have read and understand all terms and conditions provided in the **Parent Handbook**. By initialing this Paragraph, I also acknowledge receipt of the Parents Handbook, and/or read the information contained at (www.agapeboardingschool.org) agree to and consent to be bound by the terms and conditions set forth in the Parents Handbook.
_____ (Parent/Guardian Initial)
8. **INCORPORATION OF PARENT HANDBOOK:** This Agreement incorporates all terms and conditions contained in the **Parent Handbook** and by signing this Agreement I expressly agree and consent to be bound by such terms and conditions, exclusive of any subsequent Parent Handbook, as if set forth herein.
_____ (Parent/Guardian Initial)
9. **RELEASE OF INFORMATION:** I authorize the use, release, publication or distribution by AGAPÉ BOARDING SCHOOL of any likeness or depiction in print or electronic format in which the Child may appear. I authorize the release of any educational information related to the enrollment of the Child with AGAPÉ BOARDING SCHOOL for the private use and evaluation by AGAPÉ BOARDING SCHOOL.
_____ (Parent/Guardian Initial)
10. **MEDICAL AND DENTAL CARE:** I assume financial responsibility for all medical or dental expenses incurred by the Child, or AGAPÉ BOARDING SCHOOL on behalf of the Child, while the Child is enrolled at AGAPÉ BOARDING SCHOOL. I will hold harmless and indemnify AGAPÉ BOARDING SCHOOL, its agents, employees and volunteers for any claims of medical or dental negligence or malpractice relating to, but not limited to, referral or transportation to such medical or dental provider.
_____ (Parent/Guardian Initial)

CONSENT FOR TREATMENT OF MINOR CHILD

As the Birth Parent or Guardian of: _____ I have entrusted his care to:

AGAPÉ BOARDING SCHOOL

I give my permission to the agents of the above listed institution to serve as my agents in giving consent for any medical, hospital, surgical or dental services to be given under the supervision of a physician or dentist. This consent includes disposal of any tissue severed during the treatment process. I understand I am giving this permission before health-care is required for my child or children, so that care can be given without undue delay according to the judgment of the above institution and the attending physician or dentist.

I give my permission to the above listed institution to keep all required immunizations and health tests up to date as required by the state of Missouri and for the safety of the student and others involved. I give permission for any follow up care that will be required.

This authorization shall remain in effect until I request in writing for it to be revoked. I understand that authorization for treatment also includes responsibility for paying fees related to services provided with the consent of the agents of the above institution acting on my behalf.

ATTENTION MEDICAL PROVIDER: AGAPÉ BOARDING SCHOOL a ministry of AGAPÉ BAPTIST CHURCH or its agents are not responsible for any fees incurred by above named student.

Birth Father or Guardian's full name: (print) _____ Home Phone: () _____

Address: (print) _____ Work Phone: () _____

Social security number: ____/____/____ Cell Phone: () _____

Signature: _____

Birth Mother or Guardian's full name: (print) _____ Home Phone: () _____

Address: (print) _____ Work Phone: () _____

Social security number: ____/____/____ Cell Phone: () _____

Signature: _____

INSURANCE INFORMATION

Insurance Company: _____ Address: _____

City: _____ State: ____ Phone number: () _____

Policyholder: (full name) _____

Policyholder's Social Security Number: ____/____/____ Policyholder's Date of Birth: ____/____/____

Policyholder's employer: _____

Group number: _____ Policy number: _____

Is prior authorization required for treatment? ()Yes ()No If yes, explain: _____

THIS SECTION MUST BE NOTARIZED BY THE STUDENT'S ARRIVAL DATE OR HE WILL NOT BE ALLOWED TO ENROLL. NO EXCEPTIONS WILL BE ALLOWED.

Parent/Guardian

Date

COUNTY OF _____

Notary Public

My Commission Expires:

STATE OF _____

Subscribed and sworn to before me this ___ day of _____, 20__

Baptism Permission Form

Parents, please note that signatures or initials on this page are optional. If this page is not signed then we will not baptize your son.

1. We, Agapé Baptist Church, believe the Bible as given in the King James Version is God's word to English-speaking people.
2. Our purpose as a Bible-believing church: (Matthew 28:19, 20)
 - A. **To present the Gospel**
 1. We are all sinners. Romans 3:10
 2. The price for sin is to die and spend eternity in hell. Romans 6:23
 3. Jesus died to pay for our sin. Romans 5:8
 4. Anyone who will call on Jesus and trust Him to be saved will be saved. Romans 10:13
 - B. **To baptize**
 We give everyone who makes a profession of faith in Christ an opportunity to be baptized as is found in Acts 2:28, 41. The act of baptism does not get any one to Heaven; it is simply a testimony that one has accepted Christ as Savior. Baptism consists of the pastor lowering the student in the water until he is fully submerged, and then immediately raising the student to the surface. Parents are encouraged to be present at the student's baptism.
 - C. **To teach the Bible**
 After a person trusts Christ and is baptized, we teach him how to have God's blessing on his life by obeying and living by the principles of the Bible.

Agreement

I understand that all students enrolled at Agapé Boarding School are required to attend all church services of Agapé Baptist Church and all chapel services of Agapé Boarding School.

I understand the purpose and beliefs of Agapé Baptist Church. I also understand that unless otherwise noted, the student listed below will be given the opportunity to follow the Lord in believer's baptism if and when he trusts Christ as his Savior.

Student's name _____

Please initial the blank which corresponds to your choice.

My son have my permission to be baptized. _____

My son does NOT have my permission to be baptized. _____

My son may be baptized only when I am able to attend. _____

Parent's signature

Date

Agapé Boarding School Authorized Medicines

Student Name: _____ Birth Date: ___/___/___

I, _____, give my permission to the agents of the above institution to dispense over-the-counter medicines listed below to my son on an as-needed basis. I also give permission to the above mentioned institution to dispense any prescription medicines that are prescribed by a doctor for my son and in my son's name.

Agapé Boarding School provides supervised use of the following medicines at no cost:

Ibuprofen	Pepto Bismol	Tylenol	Anti-diarrheal
Medicidin D	Campho-phenique	Sudodrin	Dramamine
Cold Relief	Chloraseptic Spray	Benadryl	Mylanta

If you object to the use of any or all of the above over-the-counter medicines, or if your son is allergic to any medicines, please list in comments below.

Comments: _____

Parent/guardian signature _____ Date _____

Persons Restricted from Receiving Medical Information

Student Name _____ Date _____

Parent Name _____

I do NOT want my son's medical information released to the following individuals/organizations:

This list is for those that you specifically do not want receiving medical information about your son. For example, if you do not want us to release information to grandparents, step-parents, etc.

Agape High School
Agape Boarding School

12998 E. 1400 Rd
Stockton, MO 65785
Phone: (417) 276 7218
Fax: (417) 276 7217

Student Record Release

Dear Counsellor:

The parents of _____ have requested that his records be transferred. Please release an **Official transcript**, birth certificate, immunization record, and a description of subjects and a grading scale to the receiving school named above.

Child's Age: _____ Birth Date: _____

Social Security #: _____ - _____ - _____

Releasing School's Name: _____

Address: _____

Sincerely,

Sue Burton,
Registrar

For office use only,

Date of Arrival: _____ / _____ / _____

Date of Mailing: _____ / _____ / _____

We will not send for your son's transcripts until he is enrolled in our school.

Please send official transcript, copy of Birth Certificate and immunization record.

Work Ethics and Program

Part of Agapé's curriculum involves teaching the young men a positive work ethic, both academically and vocationally. To aid us in our goal of instilling a good work ethic, we utilize several different types of training.

First, Agapé is a year-round program that consists of five and a half academic days a week (Monday through Friday, plus a half day on Saturday) during the normal academic school year and three days during the summer, during which time the young men attend class in the learning center. We take very few days off for holidays during the school year, so they attend class much more than the typical school.

Second, each student earns a work ethic credit for his time here. This credit includes the chore time, extra work days during each quarter, and any other work done while enrolled in the program. The staff members grade each student on their job knowledge, productivity, and general effort for work times, excluding the chore time. All work is graded by the staff, and this grade is recorded as a work ethic credit.

Third, students take 10 days each quarter where they will leave the learning center and perform odd jobs around the campus and in the community. These jobs may include such skills as hanging drywall, painting, light electrical or plumbing, or general maintenance. Jobs in the community involve helping those who request it with such jobs as moving, property clean up or other such work. These activities are also graded by the staff. Some jobs will teach life skills while others will benefit others, but each job is important to the student's learning the nature of work and volunteering.

Lastly, the students may be called on to work in small or school-wide groups to work around the campus, especially during the spring and summer months. **This is an integral part of the curriculum and the students' training.** These jobs may include such duties as mowing the lawns, picking up and hauling rocks, or simple garbage pickup around the campus. This enables the students to help in the general upkeep of the campus while teaching them responsibility. If they were at home, they would probably be expected to mow the lawn and clean around the house, so this helps keep them in that mindset.

This program benefits both the students by teaching him work ethics and benefits Agapé by allowing us to keep the facilities well maintained. **All students participate in this work program.**

Please sign below to acknowledge that you understand how the work program operates.

Parent Signature

Date

Student Name