

AGAPE ACADEMY

New Student Questionnaire

Family Name: _____

Father: _____ Mother: _____

Which parent would be the primary teacher? _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Student Name	Grade Level	Age	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names and ages of other children in your home:

If your family is accepted with Agape Academy, may we use the above information in a school roster for Agape Academy families only? ___ yes ___ no
___ yes but please exclude the following information:

Father's Employer: _____ Work phone: _____

Mother's Employer: _____ Work phone: _____

NEW STUENT QUESTIONNAIRE

1. How long has your family home schooled?

2. Why did you decide to home school?

3. Does your family attend church? _____

If yes, where? _____

4. Does your family agree or disagree that Jesus is the only way of salvation?

5. Do you have an area of expertise or a specialty that could help enhance the learning of the students in our group? _____

Are you willing and/or able? _____

6. Are you interested in co-ops offered through our school? _____

What areas most interest your family?

7. Do you know someone already enrolled in Agape Academy or who referred you to Agape?

8. Please provide the contact information for your character references.

Name: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Phone: _____

Address: _____ Email: _____

Parent's Name: _____

Parent's Signature _____

Date _____