

# Aldersgate Christian Academy

1810 Young Street, Cincinnati, OH 45202 | Phone: (513) 763-6655 | Fax: (513) 763-6643

Dear Prospective Student:

Greetings from Cincinnati, Ohio!

I just wanted to send a personal note of thanks for your interest in Aldersgate Christian Academy. I have enclosed the information you requested and I trust this will help you in your decision about choosing a school for your child's education. Please take a moment to look over the material. After you have done so, feel free to call my office with any questions you may have about the school.

Getting an education is one of the most important parts of life. Please take time to pray about your child's future. Finding God's perfect will for your child's life is very important.

If I can arrange a trip to our campus, I would love to assist you with a personal visit and arrange for your child to spend some time enjoying the atmosphere of our student body. Feel free to call my office at 513-763-6655 or e-mail me at [tmakcen@aldersgatechristian.com](mailto:tmakcen@aldersgatechristian.com) to set up these arrangements.

Again, thank you for your interest.

God's best to you,



Mr. Tim Makcen  
Principal



**Aldersgate**  
CHRISTIAN ACADEMY



**Aldersgate**  
CHRISTIAN ACADEMY

## **Application Checklist**

The following checklist is provided to assist you in remitting all the necessary application documents:

\* Additional documents may be requested for some students

- \_\_\_\_ Student application
- \_\_\_\_ Parent cooperation agreement
- \_\_\_\_ Student record release form
- \_\_\_\_ Transportation authorization form
- \_\_\_\_ Emergency medical authorization form
- \_\_\_\_ Physical exam form
- \_\_\_\_ School health history form
- \_\_\_\_ Copy of immunization records
- \_\_\_\_ Copy of birth certificate
- \_\_\_\_ Pastor Recommendation form
- \_\_\_\_ Copy of cumulative academic records from previous school
- \_\_\_\_ Copy of current utility bill for address verification
- \_\_\_\_ Signed handbook pledge (last page of the student handbook)



# Aldersgate

## CHRISTIAN ACADEMY

### Elementary Application

Applying for term: 20\_\_\_\_\_ Date: \_\_\_\_\_

### Student Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Ethnic Background: ☐ White ☐ African-American ☐ Asian ☐ Other: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ In what school district do you live? \_\_\_\_\_

### Family Information

Father's Name: \_\_\_\_\_ Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Telephone Number, other than those already listed: \_\_\_\_\_

Emergency contact's name and relation to student: \_\_\_\_\_

Marital Status: ☐ Married ☐ Divorced ☐ Widow ☐ Separated

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

Children in family of school age if not applying:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Reason they are not applying: \_\_\_\_\_

### Medical Information

**\*The Ohio Department of Education requires that all students' immunization records (or immunization exemption form) and copy of birth certificate be on file at the beginning of the school year. If they are not on file after 15 days from the start of school, the student will NOT be permitted to remain at school. This will be strictly enforced at Aldersgate Christian Academy.**

## Religious Information

Church Attending: \_\_\_\_\_

Address: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: Christian? ☐ Yes ☐ No Mother: Christian? ☐ Yes ☐ No

Has applicant ever made a profession of faith in Christ? ☐ Yes ☐ No

## Medical Information

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Does student have any physical defects or allergies? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

## Scholastic Information

Has student ever been expelled, dismissed, suspended, or refused admission to another school? ☐ Yes ☐ No

Has student ever had disciplinary difficulty at school? ☐ Yes ☐ No

Does student have a juvenile or arrest record? ☐ Yes ☐ No

Has student ever used tobacco or nonprescription drugs of any kind? ☐ Yes ☐ No

Has student ever failed an academic subject in school? ☐ Yes ☐ No

If yes, please explain:

Please indicate academic level of student's previous work:

☐ Excellent ☐ Good ☐ Average ☐ Poor

## General Information

How did you hear about this school? \_\_\_\_\_

Reason for selecting this school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Application must be filled out completely before it can be processed.  
An interview with the parents and the student are required before final acceptance.**

- For your convenience in meeting your financial obligations, yearly tuition and fees are divided into ten monthly installments. The first payment is due on or before the day of registration; the final payment must be received prior to the mailing of the final report card at the end of the school year.
- ☐ I hereby pledge to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account.
- ☐ I give permission for my student to take part in all school activities, including school-sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity.
- ☐ I give permission for my student's picture to be used in ACA promotional information (i.e. school website, Facebook posts, and promotional brochures).
- ☐ I agree to uphold and support the high academic standard of the school by providing a place at home for my student to study and giving my student encouragement in the completion of any homework or assignments.
- ☐ I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my student.
- ☐ I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.
- School begins at 8:00am. Students arriving after 8:00am will need to get a tardy slip before going to class.
- For early dismissals, parents must sign their student out at the office while the office personnel gets your student.
- In an effort to promote academic excellence, we strive to keep classroom disturbances to a minimum. Therefore, we ask that parents contact the office for any assistance that they may need during the school day.
- K-4 students not picked up by 3:15pm and 5-8 students not picked up by 3:30pm that are not supervised by a HS sibling will be escorted to the After School Care program. Charges will be applied for students attending the After School Care program.

Parents are welcome to volunteer at ACA. We ask that you contact the office prior to the volunteer date so that we can make arrangements for your visit to be beneficial.

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Signature of Father

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Date

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Signature of Mother

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Date



# Aldersgate

## CHRISTIAN ACADEMY

### Parent Cooperation Agreement

*"To make a difference, you have to be different."*

We value the love and support of our families, and we desire to establish and maintain a good relationship with them. No two people will agree on everything; no organization is perfect, no matter how sincere the leadership. Still, there must be a basic unity of direction and a strong mutual trust for people to work together in a task as vital as the training of children. This agreement form addresses some areas that are important in maintaining that unity and trust.

Please read carefully. If you feel you cannot sign this agreement with a supportive spirit, please contact the principal so your concerns can be addressed.

In enrolling my child(ren) in Aldersgate Christian Academy (ACA) for the \_\_\_\_\_ school year, I/We understand the following:

1. I/We accept the challenge to help "bring them up in the nurture and admonition of the Lord" and state that this training will be carried on in the home. I/We place our trust in ACA to assist us in that training.
2. I/We will show sincere Christian purpose by the faithful and regular attendance of our child(ren) and ourselves (at least one parent) to a Bible-believing church.
3. I/We will support ACA by faithfully praying for its program and staff and will support the procedures and disciplinary actions of the school in fact and in spirit.
4. I/We will attempt to promote the spirit of unity within the ministry of ACA by following the Matthew 18 principle. This is, we agree that if we have a problem related to the school, we will always first contact the person involved and then, if necessary, continue up the proper chain of command until our problem is remedied.
5. I/We will speak of ACA in the best light possible, even when we disagree on a particular policy or action. I/We will assume that ACA means well, having as its goal the glory of God and the good of the students. If I/we no longer sincerely hold this assumption, I/we will transfer our child(ren), but will not tear down the school in the eyes of others.
6. I/We are vesting authority in ACA to discipline our child(ren) as necessary (no corporal punishment). I/We further agree that we will cooperate and discipline our child(ren) as needed in the home in accordance with Scriptural guidelines.
7. I/We pledge that if for any reason, our child(ren) do(es) not respond favorably to ACA, I/we will not try to change ACA to fit him/her, but will confer with ACA authorities and if necessary will quietly withdraw him/her.

Student Name(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Aldersgate

## CHRISTIAN ACADEMY

### STUDENT RECORD RELEASE

To Releasing School Counselor:

Today's Date: \_\_\_\_\_

Applying for Academic Year: \_\_\_\_\_

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

Dear Counselor:

My child has applied for admission to ACA. Please release their academic and health records to the following school. Thank you.

Accepting Private School:  
Aldersgate Christian Academy  
1810 Young Street ~ Cincinnati, OH 45202  
Ph. (513) 763.6655 ~ Fax: (513) 763.6643  
Email: [academy@aldersgatechristian.com](mailto:academy@aldersgatechristian.com)

Students' Name(s)

Age

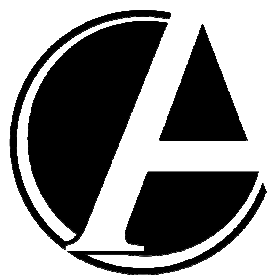
Grade Level at  
Time of Withdrawal

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please release all academic (including IEP/MFE where applicable) and medical records.

\_\_\_\_\_  
Signature of Requesting Parent/Guardian

\_\_\_\_\_  
Authorized Signature of Receiving School



**Aldersgate**  
CHRISTIAN ACADEMY

## Student Illness

Students may return to school only if the following criteria are met:

1. The student must be fever free, and not taking fever-reducing medication (Motrin or Tylenol), for a complete 24-hour period.
2. Any contagious illness (strep-throat, pink-eye, upper respiratory infections, etc.) must be treated with an antibiotic for a complete 24-hour period.

## Physician Visits

If your student will miss school due to a doctor's visit, we ask that you submit a doctor's note to the school office. It is the responsibility of the student to obtain and complete any missed work.

## Medication at School

If your child is to take medication while at school (including inhalers), you must remit the following:

1. Completed Medical Authorization Form
2. Medication
3. Dose to be taken along with the administration guidelines

Any medication (including inhalers) must be kept in the office along with the Medical Authorization Form.

If a student's needs to take tylenol during the course of the school day, parents will be called before medication is dispensed unless note of parental consent is on file.





# Aldersgate

## CHRISTIAN ACADEMY

### Emergency Medical Authorization

#### Student Information

Student Name:	Student attends Aldersgate Christian Academy in
Address:	the Cincinnati Public School District, but resides
	in:
Home Phone:	(school district)
Emergency Contact:	
Emergency Phone:	

#### Purpose of this form:

To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

Part I **OR** Part II must be completed.

#### Part I (To Grant Permission)

In the event reasonable attempts to contact me at (phone number)  
or (other parent/guardian)  
at (phone number)  
have been unsuccessful, I hereby give my consent for:

1. the administration of any treatment deemed necessary by  
(preferred physician) or (preferred dentist)  
or in the event the designated preferred practitioner is not available, by another licensed  
physician or dentist; and
2. the transfer of the child to (preferred hospital)  
or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed  
physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is  
performed.

Facts concerning the child's medical history including allergies, medications being taken, and any  
physical impairments to which a physician should be alerted:

(date)	(parent/guardian signature)	(address)
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#### DO NOT COMPLETE PART II IF YOU COMPLETED PART I.

#### Part II (Refusal to Consent)

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or  
injury requiring emergency treatment, I wish the school authorities to take no action or to:

(date)	(parent/guardian signature)	(address)
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# Aldersgate

CHRISTIAN ACADEMY

## PHYSICAL EXAMINATION

This form is relative to Application for Admission

First Name	Middle Name	Last Name	
Street Address		City, State, Zip	
Date of Birth	Gender	Height	Weight
Blood Pressure	Pulse	Vision without glasses	Vision with glasses

Check the proper column for each item	Normal	Abnormal	Details of Abnormalities
1. Mouth/Teeth			
2. Throat/Tonsils			
3. Nose/Sinuses			
4. Hearing			
5. Lungs/Chest			
6. Heart (estimate cardiac function)			
7. Abdomen			
8. Endocrine System			
9. Genito-Urinary System			
10. Skin			
11. Neurological System			

Please explain all "yes" answers for the following questions. If additional space is needed, please use reverse side.

Is there a present illness?	_____ Yes	_____ No
Is there a history of any serious illnesses?	_____ Yes	_____ No
Is the applicant allergic to any drug(s)?	_____ Yes	_____ No
Does the applicant have any allergies?	_____ Yes	_____ No
Does the applicant show signs of emotional instability?	_____ Yes	_____ No
Is the applicant presently on any drugs?	_____ Yes	_____ No
Is there any reason why the applicant should not take physical education classes?	_____ Yes	_____ No
Does the applicant or his/her family have any history of epilepsy, mental illness or nervousness?	_____ Yes	_____ No

### REQUIRED FOR ADMISSION

PPD \_\_\_\_\_ Negative \_\_\_\_\_ Positive \_\_\_\_\_  
month/day/year

(PPD is required for foreign students only or those returning from an overseas mission. If positive, must have chest x-ray.)

Tetanus Shot: \_\_\_\_\_ MMR (Measles, Mumps, Rubella) 2 vaccines: \_\_\_\_\_  
month/day/year month/day/year

Doctor's Signature

Examination Date

Doctor's Business Address

Doctor's Business Phone

To be completed and mailed by the examining physician.

**Aldersgate Christian Academy ~ 1810 Young Street ~ Cincinnati, OH 45202**

Revised 06/28/07



# Aldersgate

## CHRISTIAN ACADEMY

### SCHOOL HEALTH HISTORY

To be completed by parent or guardian

Student Name: \_\_\_\_\_  
Last First Middle

Gender: \_\_\_\_ Male \_\_\_\_ Female Birthdate: \_\_\_\_\_  
Month/Day/Year

#### IMMUNIZATION RECORD

Students are required to have up-to-date immunization records or an immunization exemption form on file. Please attach immunization records or an exemption form to this form.

#### Health Conditions: (Please check any that student has had or currently has)

<input type="checkbox"/> Abnormal spinal curvature	<input type="checkbox"/> Heart disease, type: _____
<input type="checkbox"/> Allergies or hay fever	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Anemia	<input type="checkbox"/> Kidney disease, type: _____
<input type="checkbox"/> Asthma or wheezing	<input type="checkbox"/> Measles (____ old fashioned or ____ ten day)
<input type="checkbox"/> Bed-wetting at night	<input type="checkbox"/> Meningitis or encephalitis
<input type="checkbox"/> Behavior problem	<input type="checkbox"/> Mumps
<input type="checkbox"/> Birth or congenital malformation	<input type="checkbox"/> Near-drowning or near-suffocation
<input type="checkbox"/> Cancer, type: _____	<input type="checkbox"/> Nervous twitches or tics
<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Chronic diarrhea or constipation	<input type="checkbox"/> Poor vision
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Eczema	<input type="checkbox"/> Seizures or epilepsy
<input type="checkbox"/> Emotional problem	<input type="checkbox"/> Sickle cell disease
<input type="checkbox"/> Ear problems, poor hearing	<input type="checkbox"/> Stool soiling
<input type="checkbox"/> Excessive worry about siblings/friends	<input type="checkbox"/> Substance abuse (alcohol, drugs, etc.)
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Suicide attempt
<input type="checkbox"/> Frequent skin infections	<input type="checkbox"/> Toothaches or dental infections
<input type="checkbox"/> Frequent sore throat infections	<input type="checkbox"/> Urinary tract infection
	<input type="checkbox"/> Wetting during the day

#### I. Allergies: (Please list and describe allergies or medical reactions and recommended treatments)


#### II. Injuries and Illnesses: (Please list any severe injuries or illnesses)

Injuries/Illnesses	Age of Child at time of injury/illness	Hospitalized (Y/N) (If yes, include approx. date)

#### IV. Additional Information

List medications	Reason	Daily or Frequently?

**This child is usually:**    ☐    very active    ☐    normally active    ☐    rather inactive

**If applicable, please explain the following questions:**

**Do you have any concern about how your child gets along with other children?**

**Do you have other comments or concerns about the child's health, development, behavior, family, or home life that you would like the school to be notified about?**

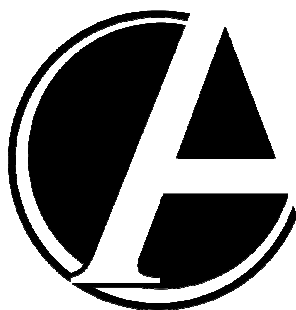
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School History Form Completed By

Relationship to Child

Please include a copy of the student's immunization record from doctor (or immunization exemption form) and a copy of the student's birth certificate with this document.

**MAIL COMPLETED FORM TO:  
Aldersgate Christian Academy  
1810 Young Street  
Cincinnati, Ohio 45202**



# **Aldersgate**

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## CHRISTIAN ACADEMY

### ***PASTOR RECOMMENDATION FORM***

*This recommendation form is to be completed by someone other than a relative.*

#### **TO BE COMPLETED BY THE PARENT:**

I/We hereby authorize the release of the following information to be considered in my child's application for admission to Aldersgate Christian Academy. I/We understand that the information will be held in confidence and will not be released to me or anyone else. I/We understand that the person completing this form will mail it directly to Aldersgate Christian Academy.

_____ Student's Name		_____ Signature of Parent
_____ Street Address	_____ City, State, Zip Code	_____ Phone Number

#### **TO BE COMPLETED BY THE PERSON RECOMMENDING STUDENT:**

We ask your assistance as we seek to make an intelligent selection of students and to learn something about their needs. Please give any information regarding this applicant's past that could be detrimental to fellow students or Aldersgate Christian Academy. Students who cause serious problems usually have a history of problems before being admitted to ACA. Please be fair and honest with us in your comments. This information will be held strictly confidential and will not be made available to the applicant.

Thank you for your cooperation,  
Aldersgate Christian Academy Administration

_____ Name (please print)		_____ Signature
_____ Street Address	_____ City, State, Zip Code	_____ Phone Number
_____ Church Name		_____ Position of Person Completing Recommendation

Applicant's Name:

How long have you known the applicant?

In what relationship do you know the applicant?

How well do you know the applicant?    \_\_\_ Very Well    \_\_\_ Well    \_\_\_ Casually    \_\_\_ Acquaintance    \_\_\_ Not at all

Do you have any concerns about the applicant's ability to adjust to the academic and social requirements of Aldersgate Christian Academy?    \_\_\_ Yes    \_\_\_ No

If yes, please explain:

Please comment on your knowledge of the applicant's Christian commitment:

Does the applicant attend church regularly?    \_\_\_ Yes    \_\_\_ No

If no, please explain:

Do the parents and applicant regularly attend church together?    \_\_\_ Yes    \_\_\_ No

If no, please explain family attendance.

List any type of ministry that the applicant participates in:

Do you recommend the applicant to Aldersgate Christian Academy?    \_\_\_ Yes    \_\_\_ No

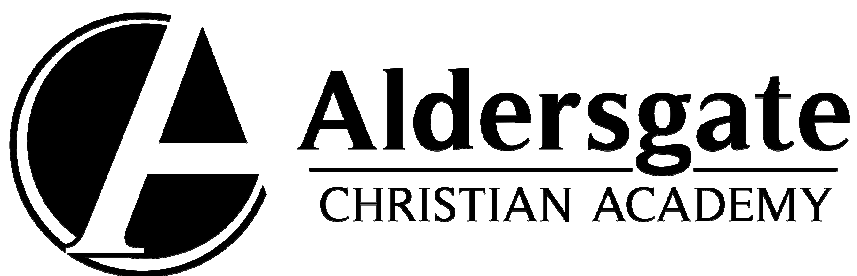
**Please rate the applicant based on his/her age in the following areas by circling the appropriate number: (1-poor, 2-below average, 3-average, 4-above average, 5-superior, blank-unable to answer)**

Leadership Skills	1	2	3	4	5	Social Skills	1	2	3	4	5
Personal Integrity	1	2	3	4	5	Maturity	1	2	3	4	5
Emotional Stability	1	2	3	4	5	Self-Image	1	2	3	4	5
Concern for Others	1	2	3	4	5	Self-Motivation	1	2	3	4	5
Common Sense	1	2	3	4	5	Moral Character	1	2	3	4	5
Responsibility/Reliability	1	2	3	4	5	Physical Health/Stamina	1	2	3	4	5
Respect for Authority	1	2	3	4	5	Grooming/Personal Hygiene	1	2	3	4	5
Discretion with Opposite Sex	1	2	3	4	5						

Comments:

**MAIL COMPLETED FORM TO:**

**Aldersgate Christian Academy ~ 1810 Young Street ~ Cincinnati, Ohio ~ 45202**



### **Before and After School Care Program**

The Before School Care program begins at 7:15am and the After School Care operates from 3:15pm until 5:30pm. The Before School program is held in the Academy. The After School program is in the gym until 4:00pm and then moves to the academy until 5:30pm. If your child is not able to be picked up from the After School program by 5:30pm, late fees will be assessed as indicated below.

If you do not have need of the B/A School Care program, your child can be dropped off at the front entrance between 7:40-8:00am. If your K-8 child needs to arrive before 7:40am and/or must remain after 3:15pm, they must use the B/A School Care program and charges will be applied. If K-8 students are under the supervision of a HS sibling, it is not necessary for them to attend Before or After School Care.

Aldersgate Christian Academy offers this program at an affordable family rate.

- \* **Both before and after school care** for 1-2 children, \$25 per week.
- \* **Both before and after school care** for 3+ children, \$30 per week.
- \* **Before or after school care** for 1-2 children, \$20 per week.
- \* **Before or after school care** for 3+ children, the cost is \$25 per week.

Daily rates and fees are applied as follows.

- \* For 1-2 children, \$5.00 per service.
- \* For 3+ children, \$6.00 per service.

Late fees, as stated below, will be applied to students remaining in the After Care Program past 5:30pm.

- \* 5:30-5:40pm: \$5.00 additional fee per family per day
- \* 5:40pm -???: \$10.00 additional fee per family per day

The B/A School Program does operate on a pre-pay basis. Families should remit weekly payments as services are provided. Please note, failure to keep your B/A School account current will result in your family not being able to use the program until the balance has been brought current.

EdChoice families, please note that the EdChoice scholarship only applies to the tuition account. All fees, including the B/A School Program, are the financial responsibility of the family.