

Aldersgate Christian Academy

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

Dear Prospective Student:

Greetings from Cincinnati, Ohio!

Just a quick personal note to say thank you for your interest in Aldersgate Christian Academy! I have enclosed the requested information and I trust this will provide adequate assistance as you seek God's guidance concerning your education. Please take a moment to review the material. After you have done so, feel free to call my office with any questions regarding the school and its academic programs.

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

If you are interested in visiting our campus, feel free to call my office at 513.763.6655, or e-mail me at tmakcen@aldersgatechristian.com to set up these arrangements.

Again, thank you for your interest.

Sincerely,



Timothy Makcen
Principal



Aldersgate
CHRISTIAN ACADEMY



Aldersgate
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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
- ___ Teacher 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)



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1810 Young Street ♦ Cincinnati, OH 45202
Phone: 513.763.6655 ♦ Fax: 513.763.6643
academy@aldersgatechristian.com

High School Application

Applying for term: 20_____ Date: _____

Student Information

Name: _____
(Last) (First) (Middle)

Address: _____

City/State: _____ Zip: _____ County: _____

Country of Birth: _____ Country of Citizenship: _____

Home Telephone: _____ Email address: _____

Age: _____ Gender: _____ Birth Date: _____ Birth Place: _____

Ethnic Background: ☐ White ☐ African-American ☐ Asian ☐ Other: _____

Is student applying for residence in the dorm (room/board fees apply): ☐ Yes ☐ No

School Last Attended (or currently attending): _____

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: _____

Do you attend church regularly? ☐ Yes ☐ No

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.

Admissions Checklist

- 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, 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 8:00. Anyone entering the building after 8:00 must receive a tardy slip from the office before proceeding to homeroom or class.
- 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 need during the school day.

Signature of Father

Date

Signature of Mother

Date

Admissions Agreement

- ☐ If admitted to Aldersgate Christian Academy, I will comply with the rules and standards, both on and off the campus, in accordance with the stated obligations contained within the student handbook as long as I am enrolled as a student.

Signature of Student

Date



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2019 – 2020 Tuition Schedule

Elementary Division (K – 8 Grades)

Elementary Children	Yearly Tuition Rate <i>(distributed over a 10 month payment plan)</i>
Child*	\$4,650.00 (\$2,790 with discount)
2 nd Child*	\$4,650.00 (\$1,925 with discount)
3 rd Child*	\$4,650.00 (\$1,605 with discount)
4 th + Child*	\$4,650.00 (\$1,075 with discount)

Tuition Discounts*

Must submit Financial Aid Application within 15 business days of enrollment

40% off for 1st child if first tuition payment is received within 15 business days of enrollment. (\$2,790.00)

Multi-child discount if first tuition payment is received within 15 business days of enrollment.

For billing purposes 1st child will be child with highest tuition.

High School Division (9 – 12 Grades)

High School Children	Yearly Tuition Rate <i>(distributed over a 10 month payment plan)</i>
Child*	\$4,650.00 (\$3,255 with discount)
2 nd + Child*	\$4,650.00 (\$3,090 with discount)

Tuition Discounts*

Must submit Financial Aid Application within 15 business days of enrollment

30% off for 1st child if first tuition payment is received within 15 business days of enrollment. (\$3,255.00)

Multi-child discount if first tuition payment is received within 15 business days of enrollment.

For billing purposes 1st child will be child with highest tuition.

Lunch Card Price Schedule

Elementary Students		High School Students	
Single Meal Purchase	\$4.00	Single Meal Purchase	\$6.00
10-meal Lunch Card	\$30.00	10-meal Lunch Card	\$40.00

Fee Information

Additional Fees Applied as Applicable

5th-12th grades Fine Arts Fee - \$50.00

Elementary Honors Choir (1st-5th Grades) - \$25.00

Elementary Piano Lab Fee - \$320.00 (\$160.00 per semester)

Kindergarten, 8th grade and 12th grade graduation fee - \$50.00

Fee is automatically assessed for graduates.

HS Lab Fee - \$50.00

(Includes the following classes: Marriage & Family, Physical Science, Anatomy & Physiology, Chemistry, and Biology)

ID/Access Card - \$35.00

Late Payment - \$15.00

Vehicle Parking Permit - \$150.00 *(Individual fees assessed in applicable situations.)*

To All Students

Disclaimer: Any charges or fees listed above are subject to change at the discretion of the Board of Trustees of Aldersgate Christian Academy. If possible, advance notice will be provided; however, charges or fees may be changed without prior notice.

Tuition Discounts: To be eligible for the tuition discounts a Financial Aid Application and the first tuition payment must be received within 15 business days of enrollment.

ODE EdChoice Scholarship families: Please note that the scholarship only covers tuition costs. All other fees are the responsibility of the family.



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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. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



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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 Releasing School Counselor:

Please release student's cumulative records to the following school. Please release all academic (including ISP/MFE where applicable) and medical records. 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

Students' Name(s)

Age

Grade Level at
Time of Withdrawal

Signature of Requesting Parent/Guardian

Authorized Signature of Receiving School



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Transportation Authorization Form

Student's Name: _____

School Year: _____

Who will be the primary person to pick up your student at the end of the school day or from the After School program?

1. _____

2. _____

Who do you authorize to pick up your student other than those listed above?

1. _____

2. _____

3. _____

4. _____

If there is any deviation from those listed above, please email the school office granting permission for pick up.

Entry to Aldersgate Christian Academy

The front entry door, on the elementary level, is the main entrance. While the front door to ACA must remain locked at all times, please ring the door bell and we will assist you.

In compliance with our safety director, we will have the back entry doors locked at all times. We ask that you do not enter through this door as it disturbs the classes as well as deviates from our active safety policy, which states that this door is only to be used by authorized personnel with key access.

Traffic Pattern for Aldersgate Christian Academy:

Please keep in mind that when dropping off students, turn onto Young St., and then left onto Channing St. This will keep the ACA traffic flow going "down" Channing St. so that the traffic pattern is smooth. This should allow for ease of traffic and quicker drop off for students.

When picking up 5-12 grade students, please make sure you are going "up" Ringgold St. This will keep the ACA traffic pattern flowing smoothly. This will also keep students from crossing over traffic to get in the vehicle.

Thank you for your attention to these matters!



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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.



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Emergency Medical Authorization

Student Information

Student Name: _____

Student attends Aldersgate Christian Academy in
the Cincinnati Public School District, but resides in:

Address: _____

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)

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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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.)

Please attach most recent copy of student's immunization records to this form.

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



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SCHOOL HEALTH HISTORY

To be completed by parent or guardian

Student Name

Last

First

Middle

Gender ☐ Male ☐ Female

Birthdate:

Month/Day/Year

Required compulsory immunization information law: 4 DPT; 3 polio, 1 measles, mumps, rubella (MMR) vaccine on or after first birthday. Second MMR vaccine required.

Please include a copy of student's immunization records or immunization exemption form with this form.

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

<input type="checkbox"/> Abnormal spinal curvature (scoliosis, etc.)	<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 (<input type="checkbox"/> old fashioned or <input type="checkbox"/> 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 or 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)
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IV. Additional Information

List medications:	Reason:	Daily or Frequently?
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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?

School History Form Completed By

Relationship to Child

Please attach the following documents with this form:

- Copy of immunization records from the physician's office (or immunization exemption form)
- Copy of birth certificate

MAIL COMPLETED FORM TO:

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



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CHRISTIAN ACADEMY

TEACHER 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

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 have any special talents or interests?

List any type of school activities that the applicant participates in:

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

Please rate the applicant 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 TEACHER RECOMMENDATION FORM TO:
Aldersgate Christian Academy ~ 1810 Young Street ~ Cincinnati, Ohio ~ 45202



Aldersgate

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

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 PASTOR RECOMMENDATION FORM TO:
Aldersgate Christian Academy ~ 1810 Young Street ~ Cincinnati, Ohio ~ 45202

Revised on 10/15/2013