

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!

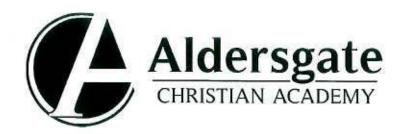
If you are interested in visiting our campus, feel free to call my office at 513.763.6655, or e-mail me at tmakcen@aldersgatechristian.com to set up these arrangements.

Again, thank you for your interest.

Sincerely,

Timothy Makcen

Principal

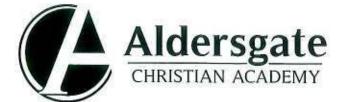


Application Checklist

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)



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

Applying for term: 20	Date	e:	
	Student Infor	mation	
Name:(Last)			
(Last)	(First)		(Middle)
Address:			
City/State:	Zip:	Cou	inty:
Country of Birth:	Country of C	itizenship:	
	Email address:		
Age: Gender:	Birth Date:	Birth Place	e:
Ethnic Background: White	African-American Asian	□ Other:	
Is student applying for residence in			
School Last Attended (or currently a	ittendina):		
COLLEGE FROM THE PROPERTY OF T	Street treat 154 / r		
200 M	The second secon		
School Address:			
School Address: Last Grade Completed:	In what school distric	ct do you live?	
School Address:	In what school district Family Inform	ct do you live?	
School Address:	In what school district Family Information Employm	ct do you live?	
School Address:	In what school district Family Inform	ct do you live?	
School Address:	In what school district Family Inform Employm Business Phone:	ct do you live?	Cell:
School Address:	In what school district Family Inform Employm Business Phone: Employm	ct do you live?	Cell:
School Address: Last Grade Completed: Father's Name: Position: Mother's Name: Position:	In what school district Family Intom Employm Business Phone: Employm Business Phone:	ct do you live? nation nent: nent:	Cell:
School Address: Last Grade Completed: Father's Name: Position: Mother's Name: Position: Emergency Telephone Number, oth	In what school district Family Inform Employm Business Phone: Employm Business Phone: Business Phone:	ct do you live? nation nent: nent:	Cell:
School Address: Last Grade Completed: Father's Name: Position: Mother's Name: Position:	In what school district Family Inform Employm Business Phone: Employm Business Phone: Business Phone:	ct do you live?netion	Cell:
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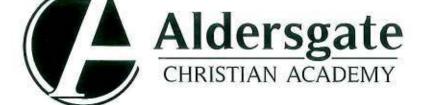
Medical Information

*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	Informati	on			
Church Attending:						
Address:						
Pastor:			Phone:			
Pastor: Do you attend church regularly? ☐ Yes Father: Christian? ☐ Yes ☐ No Has applicant ever made a profession of fa			Mother:	Christian?	□ Yes	□ No
This applicant ever made a processor of the	The Secretary of the Control of the	Informatio	The second second			
Family Physician:						
Phone:	Does st	tudent have an	y physical d	efects or allergi	es? □ Yes	□No
If yes, please explain:						
	Scholastic		COLUMN TO SECURE A SE			
Has student ever been expelled, dismissed, su		fused admissio	n to another	school? UY	200700 1773112000	
Has student ever had disciplinary difficulty at so	chool?			ΠY		
Does student have a juvenile or arrest record?		es receives		ΟY		
las student ever used tobacco or nonprescript		y kina?		DΥ	57671 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Has student ever failed an academic subject in	SCHOOL			ПΥ	es □ No)
f yes, please explain:						
Please indicate academic level of student's pre						
□ Excellent □ Good			erage		□ Poor	ALCOHOL STATE
	Ceneral	linteline i i e)n			
How did you hear about this school?						
Reason for selecting this school:						
Application must be applicated must be applicate						

Admissions Checklist

Signature of Student	Date
☐ If admitted to Aldersgate Christian Academy, I will comp	ons Agreement oly with the rules and standards, both on and off the campus, in le student handbook as long as I am enrolled as a student.
Date	Date
Signature of Father	Signature of Mother
 In an effort to promote academic excellence, we strive to ask that parents contact the office for any assistance the 	to keep classroom disturbances to a minimum. Therefore, we at they need during the school day.
 School begins at 8:00. Anyone entering the building aft proceeding to homeroom or class. 	er 8:00 must receive a tardy slip from the office before
"I understand that the school reserves the right to dismi regulations and discipline or whose financial obligation	ss any student who fails to comply with the established remains unpaid.
Godhead and the Word of God, or disrespect to the per	erate profanity, obscenity in word or action, dishonor to the rsonnel of the school. I hereby agree to support all regulations school to employ discipline as it deems wise and expedient for
"I agree to uphold and support the high academic stand to study and giving my student encouragement in the contract."	lard of the school by providing a place at home for my student ompletion of any homework or assignments.
"I give permission for my student's picture to be used in posts, promotional brochures."	ACA promotional information (i.e. school website, Facebook
"I give permission for my student to take part in all scho school premises, and absolve the school from liability to school or during any school activity.	ool activities, including school-sponsored trips away from the or me or my student because of any injury to my student at
"I hereby pledge to pay my financial obligations to the s to withdraw my student if proper arrangements are not	chool on the date due and understand that it may be necessary made on a past due account.
installments. The first payment is due on or before the the malling of the final report card at the end of the sch	day of registration; the final payment must be received prior to ool year.



2019 - 2020 Tuition Schedule

Elementary Division (K – 8 Grades)

Elementary Children	Yearly Tuition Rate (distributed over a 10 month payment plan)
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 (distributed over a 10 month payment plan)
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 Stude	ents	High School Stude	ents	
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

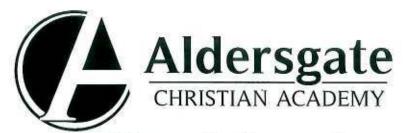
Vehicle Parking Permit - \$150.00 (Individual fees assessed in applicable situations.)

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.



Parent Cooperation Agreement

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

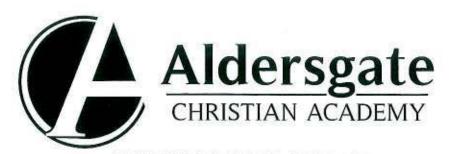
We value the love and support of our families, and we desire to establish and maintain a good relationship with them. No two people will agree on everything; no organization is perfect, no matter how sincere the leadership. Still, there must be a basic unity of direction and a strong mutual trust for 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 _____ schoo year, I/We understand the following:

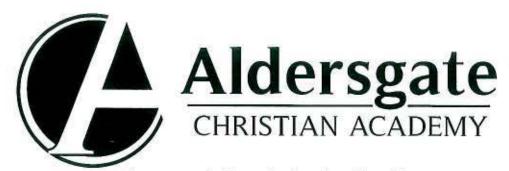
- I/We accept the challenge to help "bring them up in the nurture and admonition of the Lord" and state that this training will be carried on in the home. I/We place our trust in ACA to assist us in that training.
- I/We will show sincere Christian purpose by the faithful and regular attendance of our child(ren) and ourselves (at least one parent) to a Bible-believing church.
- 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.
- 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.
- 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.

. 8	Student Name(s):
	4
	5
	6
Parent Signature:	Date:
Parent Signature:	Date:



STUDENT RECORD RELEASE

Γο Releasing School 0	Counselor:	_	1.1.2
			day's Date:
	Applyir	ng for Acad	demic Year:
School Name			
Address			
City, State, Zip			
Phone Number			
Fax Number			
			llowing school. Please release all records. Thank you.
	Accepting Pri Aldersgate Chris 1810 Young Street ~ 0 Ph. (513) 763.6655 ~ Email: academy@alde	stian Acad Cincinnati, Fax: (513)	emy OH 45202 763.6643
Students' Name(s)		Age	Grade Level at Time of Withdrawal
Signature of Requestin	g Parent/Guardian	Auth	norized Signature of Receiving School



Transportation Authorization Form

Student's Name:
School Year:
Who will be the primary person to <u>pick up</u> your student at the end of the chool day or from the After School program?
Who do you authorize to pick up your student other than those listed bove?

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.

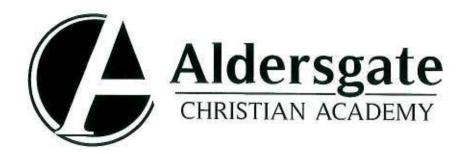
In compliance with our safety director, we will have the back entry doors locked at all times. We ask that you do not enter through this door as it disturbs the classes as well as deviates from our active safety policy, which states that this door is only to be used by authorized personnel with key access.

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!



Student Illness

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

 The student must be fever free, and not taking fever-reducing medication (Motrin or Tylenol), for a complete 24-hour period.

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.

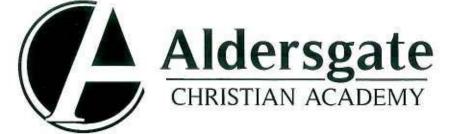
Medication at School

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

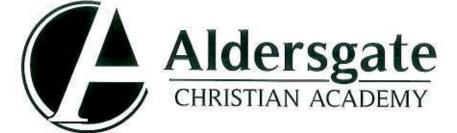
- Completed Medical Authorization Form
- 2. Medication
- 3. Dose to be taken along with the administration guidelines

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

If a students 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.



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: 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 Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: (parent/guardian signature) (date) (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: (parent/guardian signature) (date) (address)



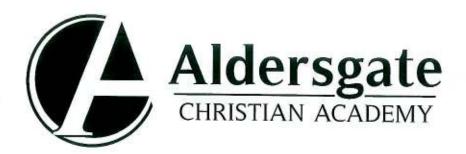
PHYSICAL EXAMINATION This form is relative to Application for Admission

First Name	Mic	ddle Name		Last Name		
Street Address	City,	State, Zip				
Date of Birth	Gender		Height	Weight	- 19	
Blood Pressure	Pulse	Visio	n without glasses	Vision with glasses		
Check the proper column 1. Mouth/Teeth 2. Throat/Tonsils 3. Nose/Sinuses 4. Hearing 5. Lungs/Chest 6. Heart (estimate cardiac 7. Abdomen 8. Endocrine System 9. Genito-Urinary System 10. Skin 11. Neurological System		Normal	Abnormal	Details of A	bnormalities	
Please explain all "yes" anso Is there a present illness? Is there a history of any seri Is the applicant allergic to an Does the applicant have any Does the applicant show sign Is the applicant presently on Is there any reason why the Does the applicant or his/he	ous illnesses? ny drug(s)? allergies? ns of emotional insta any drugs? applicant should no	ibility? t take physica	ıl education classes	- - - - -	Yes	side. No No No No No No No No No
		IRED FOR	ADMISSION			
PPD Negative (PPD is required for foreign students) Please attack						
Doctor's Sign	ature			Examination Da	te	
Doctor's Business	Address			Doctor's Business P	hone	

To be completed and mailed by the examining physician.

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

Revised 06/28/07



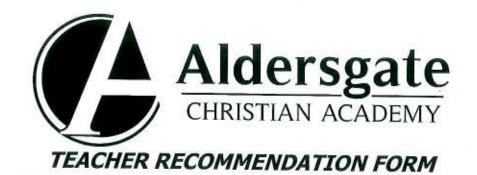
SCHOOL HEALTH HISTORY

To be completed by parent or guardian

	Last	First Middle
Gender	Male Female I	Birthdate:
		Month/Day/Year
Required c	ompulsory immunization informati or after first birthday. Second MM	on law: 4 DPT; 3 polio, 1 measles, mumps, rubella (MMR) fR vaccine required.
Please incl	ude a copy of student's immunizati	on records or immunization exemption form with this form
		•
Toolth Co	nditions (Blasses II all and II	
1eann Co	Abnormal spinal curvature (scoliosis,	tudent has had or currently has): etc.) Heart disease, type:
55,000	Allergies or hay fever	Hepatitis
88.82	Anemia	Kidney disease, type:
-	Asthma or wheezing	Measles (old fashioned or ten day)
Marie .	Bed-wetting at night	Meningitis or encephalitis
N 	Behavior problem	Mumps
_	Birth or congenital malformation	Near-drowning or near-suffocation
55000		Troat drowning of near-sunocation
550	Cancer, type:	Nervous twitches or tics
	Cancer, type:Chicken pox	Nervous twitches or tics
	Chicken pox	Nervous twitches or tics Poisoning
		Nervous twitches or tics Poisoning Poor vision
	Chicken pox Chronic diarrhea or constipation	Nervous twitches or tics Poisoning Poor vision Pregnancy
	Chicken pox Chronic diarrhea or constipation Cystic fibrosis	Nervous twitches or tics Poisoning Poor vision Pregnancy Rheumatic fever
	Chicken pox Chronic diarrhea or constipation Cystic fibrosis Diabetes	Nervous twitches or tics Poisoning Poor vision Pregnancy Rheumatic fever Seizures or epilepsy
	Chicken pox Chronic diarrhea or constipation Cystic fibrosis Diabetes Eczema Emotional problem	Nervous twitches or tics Poisoning Poor vision Pregnancy Rheumatic fever Seizures or epilepsy Sickle cell disease
	Chicken pox Chronic diarrhea or constipation Cystic fibrosis Diabetes Eczema Emotional problem Ear problems, poor hearing	Nervous twitches or tics Poisoning Poor vision Pregnancy Rheumatic fever Seizures or epilepsy Sickle cell disease Stool soiling
	Chicken pox Chronic diarrhea or constipation Cystic fibrosis Diabetes Eczema Emotional problem	Nervous twitches or tics Poisoning Poor vision Pregnancy Rheumatic fever Seizures or epilepsy Sickle cell disease Stool soiling nds Substance abuse (alcohol, drugs, etc.)
	Chicken pox Chronic diarrhea or constipation Cystic fibrosis Diabetes Eczema Emotional problem Ear problems, poor hearing Excessive worry about siblings or frie	Nervous twitches or tics Poisoning Poor vision Pregnancy Rheumatic fever Seizures or epilepsy Sickle cell disease Stool soiling substance abuse (alcohol, drugs, etc.) Suicide attempt
	Chicken pox Chronic diarrhea or constipation Cystic fibrosis Diabetes Eczema Emotional problem Ear problems, poor hearing Excessive worry about siblings or frie Frequent headaches	Nervous twitches or tics Poisoning Poor vision Pregnancy Rheumatic fever Seizures or epilepsy Sickle cell disease Stool soiling nds Substance abuse (alcohol, drugs, etc.)

II.Injuries and Illnesses: (Please list any seven	re injuries or illnesses)	with the section of t		
Injuries/Illnesses	Age of Child at time of injury/illness	Hospitalized (Y/N) (If yes, include approx. dat		
IV. Additional Information				
List medications:	Reason:	Daily or Frequently?		
This child is usually: very active If applicable, please explain the following qu Do you have any concern about how your ch	normally active estions: ild gets along with other child	rather inactive		
Do you have other comments or concerns abo home life that you would like the school to be		ment, behavior, family, or		
School History Form Completed By	Rela	ationship to Child		
Please attach the following documents with this Copy of immunization records from the phy Copy of birth certificate		n exemption form)		

MAIL COMPLETED FORM TO: Aldersgate Christian Academy $\sim 1810~Young~Street \sim Cincinnati, Ohio \sim 45202$



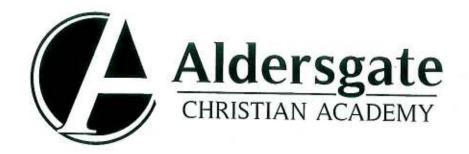
This recommendation form is to be completed by someone other than a relative.

TO BE COMPLETED BY THE PARENT:

TO BE COMPLETED BY IT	HE PAKENT:	
held in confidence and will no	e the release of the following informal dersgate Christian Academy. I/We und ot be released to me or anyone else. t directly to Aldersgate Christian Acader	lerstand that the information will be I/We understand that the person
completing this form will main	carectly to Aldersgate Christian Acader	ny.
Student's Name		Signature of Parent
Street Address	City, State, Zip Code	Phone Number
TO BE COMPLETED BY TH	IE PERSON RECOMMENDING ST	UDENT:
something about their needs. detrimental to fellow students usually have a history of probl	te as we seek to make an intelligent Please give any information regarding or Aldersgate Christian Academy. Stu ems before being admitted to ACA. Pl tion will be held strictly confidential and	this applicant's past that could be dents who cause serious problems lease be fair and honest with us in
Thank you for your coo Aldersgate Christian Ac	peration,	
Aldersgate Christian AC	auemy Auministration	
Name (please print)		Signature
Street Address	City, State, Zip Code	Phone Number

what relationship do you know	uie	app	nicai	ici .		CHARLES OF THE PARTY OF THE PAR					
ow well do you know the applic	ant?			_ Ver	y Well	WellCasually	Acqua	aintan	ce _	No	t at all
o you have any concerns about hristian Academy?Yes		app No	lican	t's ab	ility to	adjust to the academic and socia	l requ	ulremė	nts of	Alde	rsgate
yes, please explain:											
lease comment on your knowled	dge (of th	е ар	plicar	nt's Chi	ristian commitment:					
oes the applicant have any spec	cial t	alen	its or	· Inter	rests?						
							IN.		(Days)		
e at a standard and the	dont	440	- muli	cont	natici	nature in:					000 TO 00
ist any type of school activities t	that	the	appli	icant	particip	oates in:					
ist any type of school activities t	that	the	appli	icant	partici	oates in:					
											7 22 D
o you recommend the applicant	t to	Alde	rsgal	te Ch	ristian	Academy? Yes No	mbe	r:			
o you recommend the applicant Please rate the applicant in (1-poor, 2-below average, 3-aver	t to a	Alde e fo 4-al	rsgat	te Ch ring a avera	ristian areas I ge, 5-sı	Academy? Yes No by circling the appropriate nu perior, blank-unable to answer)					
o you recommend the applicant in (1-poor, 2-below average, 3-averagest).	t to a	Alde e fo 4-al	rsgat	te Ch ring a avera 4	ristian areas I ge, 5-su 5	Academy?YesNo by circling the appropriate nu uperior, blank-unable to answer) Social Skills		2	3	4	5
o you recommend the applicant Please rate the applicant in (1-poor, 2-below average, 3-aver Leadership Skills Personal Integrity	t to and the rage,	Alde e fo 4-al 2	rsgat	te Ch ring a avera 4 4	ristian areas I ge, 5-su 5 5	Academy? Yes No by circling the appropriate nu perior, blank-unable to answer) Social Skills Maturity	1	2 2	3	4	5
o you recommend the applicant in (1-poor, 2-below average, 3-aver Leadership Skills Personal Integrity Emotional Stability	t to and the rage,	Alde e fo 4-al 2 2 2	rsgal	ring avera 4 4 4	ristian areas ge, 5-su 5 5 5	Academy?YesNo by circling the appropriate nu uperior, blank-unable to answer) Social Skills Maturity Self-Image		2 2 2	3	4	5 5
o you recommend the applicant Please rate the applicant in (1-poor, 2-below average, 3-aver Leadership Skills Personal Integrity	t to a	Alde e fo 4-al 2 2 2 2	rsgal	ring a avera 4 4 4 4	ristian areas ge, 5-st 5 5 5 5	Academy?YesNo by circling the appropriate nu uperior, blank-unable to answer) Social Skills Maturity Self-Image Self-Motivation	1	2 2 2 2	3	4	5 5
o you recommend the applicant in (1-poor, 2-below average, 3-aver Leadership Skills Personal Integrity Emotional Stability	t to an the rage,	Alde e fo 4-al 2 2 2 2 2	rsgat	te Ch ring a avera 4 4 4 4 4	ristian areas ge, 5-su 5 5 5 5 5 5	Academy?YesNo by circling the appropriate nu perior, blank-unable to answer) Social Skills Maturity Self-Image Self-Motivation Moral Character	1 1 1 1	2 2 2 2 2 2	3 3 3 3	4 4 4 4	5 5 5
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MAIL COMPLETED TEACHER RECOMMENDATION FORM TO: Aldersgate Christian Academy ~ 1810 Young Street ~ Cincinnati, Ohio ~ 45202



PASTOR RECOMMENDATION FORM

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

TO BE COMPLETED BY TH	E PARENT:	
held in confidence and will not	the release of the following informations of the release of the following informations are considered in the released to me or anyone else, directly to Aldersgate Christian Academ	erstand that the information will be
Student's Name		Signature of Parent
*		
Street Address	City, State, Zip Code	Phone Number
TO BE COMPLETED BY THE	E PERSON RECOMMENDING STU	JDENT:
detrimental to fellow students of usually have a history of problem	e as we seek to make an intelligent so Please give any information regarding for Aldersgate Christian Academy. Stud- ms before being admitted to ACA. Ple on will be held strictly confidential and	this applicant's past that could be lents who cause serious problems
Thank you for your coop Aldersgate Christian Acad	eration, demy Administration	
Name (please print)	95	Signature
Street Address	City, State, Zip Code	Phone Number
Church Name	Position	of Person Completing Recommendation

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: 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 Self-Image 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 Respect for Authority 1 2 3 4 5 Moral Character 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 Discretion with Opposite Sex 1 2 3 4 5 Discretion with Opposite Sex 1 2 3 4 5 Integrity 1 2 3 4 5 Discretion with Opposite Sex 1 2 3 4 5 Discretion with Opposite Sex 1 2 3 4 5 Discretion with Opposite Sex 1 2 3 4 5 Discretion with Opposite Sex 1 2 3 4 5 Discretion with Opposite Sex 1 2 3 4 5	Applicant's Name: How long have you known the	applicant?							
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MAIL COMPLETED PASTOR RECOMMENDATION FORM TO: Aldersgate Christian Academy ~ 1810 Young Street ~ Cincinnati, Ohio ~ 45202