

# Aldersgate Christian Academy

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

Dear Prospective Student:

Greetings from Cincinnati, Ohio, USA

Thank you for your interest in Aldersgate Christian Academy. Please keep in mind that as an international student, there are several items that are pertinent for your acceptance. Below are just a few of the steps that must be completed before your application will be completely processed.

1. Application is received at ACA and reviewed by the Principal and Vice President for Student Affairs. (enclosed)

After all Professional, Teacher, and Pastoral References are received, your application and references will be reviewed. At this time, we will determine your eligibility for attending ACA.

2. Dorm room availability must be obtained.

International students are required to reside in the dorms during the academic year. Therefore, if dorm rooms are not available at the time that your application is received, then you will not be able to attend ACA. Students applying to live in the dorm must be at least 16 years old and maintain a positive, mature demeanor.

3. Financial affidavit must be reviewed.

Listed below is the financial information for Aldersgate Christian Academy.

Tuition & Fees	\$3320.00
Living Expenses	\$4550.00*
Total	\$7870.00

\*Living expenses include room and board (\$4050) and an additional \$500 for personal living expenses.

Please note that 50% (\$3935) of the total cost is due before your arrival at ACA, and the remaining 50% will be due by Spring Semester of the current academic year.

***Failure to meet your financial obligations would mean that you would have to withdraw from Aldersgate Christian Academy and return home.***

4. Academic records must be reviewed.

After the student passes all previous requirements, then it will be determined if the student is academically prepared to attend ACA.

After these steps have been completed, the student will receive a letter stating the status of their acceptance into Aldersgate Christian Academy.

We will pray with you that God will work out all the details pertaining to your acceptance at Aldersgate Christian Academy.

Sincerely,



Timothy 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
- \_\_\_\_ Emergency medical authorization form
- \_\_\_\_ Physical exam form
- \_\_\_\_ School health history form
- \_\_\_\_ Copy of immunization records (must include date the shot was given)
- \_\_\_\_ 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)
- \_\_\_\_ Copy of Passport
- \_\_\_\_ Original, notarized copy of bank statement from sponsor (electronic copy is not acceptable)
- \_\_\_\_ Original, notarized copy of financial statement (electronic copy is not acceptable)



# Aldersgate

## CHRISTIAN ACADEMY

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



# 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:

Please release the requested records to Aldersgate Christian Academy.

Thank you.

- ☐ Cumulative academic records (including achievement test scores)
- ☐ Medical records
- ☐ ISP records, if applicable

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 Request

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

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

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



# 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

### 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 <sup>nd</sup> Child*	\$4,650.00 (\$1,925 with discount)
3 <sup>rd</sup> Child*	\$4,650.00 (\$1,605 with discount)
4 <sup>th</sup> + Child*	\$4,650.00 (\$1,075 with discount)

#### **Elem Tuition Discounts\***

40% off for 1<sup>st</sup> 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 <sup>nd</sup> + Child*	\$4,650.00 (\$3,090 with discount)

#### **HS Tuition Discounts\***

30% off for 1<sup>st</sup> 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	\$5.75
10-meal Lunch Card	\$30.00	10-meal Lunch Card	\$40.00

#### 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 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.

#### Fee Information

##### **Additional Fees Applied as Applicable**

5<sup>th</sup>-12<sup>th</sup> grades Fine Arts Fee - \$50.00

Elementary Honors Choir (1<sup>st</sup>-5<sup>th</sup> Grades) - \$25.00

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

Kindergarten, 8<sup>th</sup> grade and 12<sup>th</sup> 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)

HS ID/Access Card - \$35.00

Late Payment - \$15.00

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





# Aldersgate

## CHRISTIAN ACADEMY

### 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.

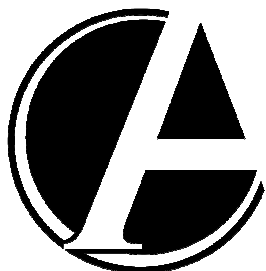
#### Part II (Refusal to Consent)

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)



# 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

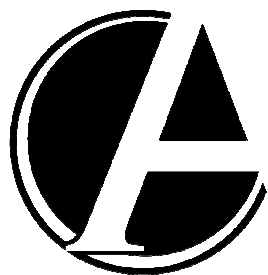
(PPD is required for foreign students only or those returning from an overseas mission. If positive, must have chest x-ray.)

**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



**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

### 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)

**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?**

---

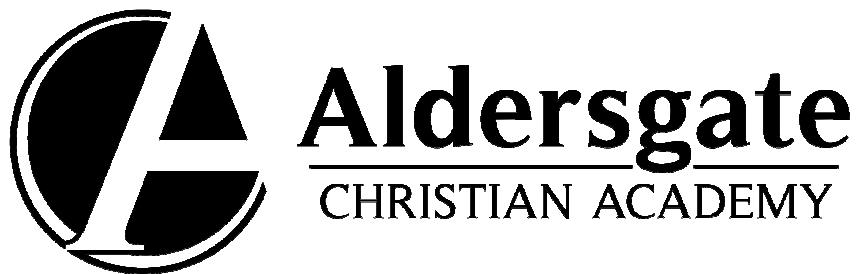
School History Form Completed By

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**



## ***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:

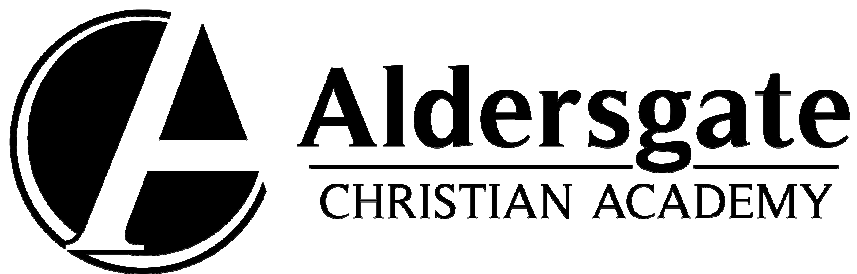
Do you recommend the applicant to Aldersgate Christian Academy?    \_\_\_ Yes    \_\_\_ No

**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**



## **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**

## FINANCIAL CERTIFICATION FORM

Name in full as it appears in your passport: \_\_\_\_\_  
(Last) (First) (Middle)

Country of Birth \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Are you currently in the United States? \_\_\_\_ YES \_\_\_\_ NO

If yes, list immigration status: \_\_\_\_\_

If yes and the immigration status is not F-1, the Form I-20 or IAP-66 will not be issued until you have made an appointment with us for assistance with a change-of-status application. If you are not eligible for a change of status, the form will only be issued for travel to your home country.

E-mail: \_\_\_\_\_

Address you want Form A/B (I-20) mailed to:

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

=====

### **Funding** (Note: Total amount necessary for first year of study must be documented and available. Support for subsequent years of study must be reasonably attainable.)

The total amount of money that I have available for each academic year of study is \$ \_\_\_\_\_. This amount includes the following.

\$ \_\_\_\_\_ Personal funds

\$ \_\_\_\_\_ Sponsor(s)

\$ \_\_\_\_\_ Funds from God's Bible School and College

\$ \_\_\_\_\_ Other

Type: \_\_\_\_\_

Please specify: \_\_\_\_\_

**If a sponsor is providing any funds, the sponsor must complete the Affidavit of Sponsorship on the back of this form. Funds coming from a sponsor must be documented with bank statements, investments, tax returns and/or other assets. The amount on the documents must be at least double the yearly amount promised to the student. In addition, the documents must prove that funds for subsequent years of study are reasonably attainable. If personal funds are being used, bank statements must be attached in the student's name and be sufficient for all years of study.**

I certify that the above information provided is correct and complete and that I shall immediately notify God's Bible School and College of any change in my financial circumstances.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**-OVER-**

## AFFIDAVIT OF SPONSORSHIP

**NOTE: Any form not completed and stamped/certified by the appropriate official and not accompanied by official documents will be considered incomplete and an I-20 or IAP-66 will not be issued. This form is valid for 6 months only for the purpose of issuing an I-20 or IAP-66.**

I hereby attest that I am willing and able and will provide no less than US \$ \_\_\_\_\_ in cash to the student named below for **each year** of study at God's Bible School and College. I am attaching documents that prove the support is available/attainable. These original documents include: **(please circle)** bank statements, investments, tax returns, and/or other assets. The amount on the documents must be at least double the yearly amount promised to the student. In addition, the documents must prove that funds for subsequent years of study are reasonably attainable.

Name of student: \_\_\_\_\_

My relationship to the student: \_\_\_\_\_

My full address: \_\_\_\_\_  
\_\_\_\_\_

The following are all of the persons who are dependent upon me for their housing, food, or financial support. **Do not include persons who support themselves. Do not include the student named above.**

NAME	RELATIONSHIP TO ME	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

=====

## AFFIRMATION OR OATH

I hereby affirm or swear that the contents of the above statement are true and correct.

Signature of sponsor: \_\_\_\_\_

Name of sponsor (please print): \_\_\_\_\_

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ OF \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary: \_\_\_\_\_ (Seal)

Expiration Date of Commission: \_\_\_\_\_

=====

THIS FORM MUST BE RETURNED DIRECTLY TO THE OFFICE OF INTERNATIONAL ADMISSIONS

God's Bible School and College  
Office of International Admissions  
1810 Young Street  
Cincinnati, OH 45202

## High School Division

---

### APPLICATION FOR RESIDENCY

Greetings from the Student Affairs Staff here at God's Bible School & College!

For many years GBSC has been pleased to offer the opportunity for international students, and students living outside of the Greater Cincinnati Area, to attend Aldersgate Christian Academy while living in college housing. It is a long tradition and one filled with many stories of success. In a continued effort to foster student success with this cooperative program, the college maintains careful oversight of the application process. Both the Application for Admission and the Application for Residency are carefully reviewed, and both must be approved prior to a student's official acceptance into ACA. Further, in addition to the ACA Principal, the Vice President for Student Affairs may also require a personal interview. Please give careful attention to the items found below. If you have questions, please do not hesitate to contact the Vice President for Student Affairs for clarification.

#### Student Handbook

It is important that all resident students are thoroughly familiar with the GBSC Student Handbook, as this Handbook is binding on all residential students of Aldersgate Christian Academy. Please carefully read the Handbook in its entirety, and confirm below that you have both read and agree to follow the Student Handbook. The Student Handbook can be accessed here: <https://goo.gl/yOaBYI>

#### Affirmation and Commitment

I have read the GBSC Student Handbook in its entirety, and agree to follow all of the rules and obligations therein.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's PRINTED Name

#### Emergency Contact

It is important to have a designated contact person within the United States were an emergency to arise involving your child. Please include the name, phone number and address of an emergency contact person within the United States.

Contact Name: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_



### **Scholastic Breaks**

With the lack of dining services in the cafeteria, as well as lack of social support and Institutional oversight, all ACA students will need to find other housing accommodations during school breaks, summer vacations, or whenever ACA is not in session. Please look at the school calendar and begin planning *early* to accommodate this requirement

### **Dress Code**

Outside of ACA class time, the GBSC Student Dress Code Policy (available here: <https://goo.gl/AKbeVP>) is required for all residential ACA students. This governs all other times, including both on and off-campus activities.

---

**-- This concludes both the Admissions and Residential sections of the ACA Application --**