



*A Home and School Where His Love Abides*

Dear Parent(s):

Thank you for your interest in Agape House where your family will have an opportunity to find healing through Christ and to learn His truths. Agape House is a family-centered program; through the years, we have found that the key to success for those who participate is the family working together in the program towards healing not only for the teen involved, but also for the family supporting her/him.

Our program is a 10-month program, running from September through June. In compliance with Wisconsin state statutes, we are closed July and August. Through the month of June, however, your child will have longer weekend visits with you as she/he transitions back into your home for July and August.

Even though we are a 10-month program, we have seen and truly believe most teens who come to us need to be in this program for 2 years. After the first 10 months, the teens have learned a great deal and are working on their issues; however, they are usually not strong enough in their new beliefs to go back to the public school and their old way of life. For some, it will mean living in the Home another year. For others, it could mean attending the day school while living at home. To offer the greatest chance of success for your child and your family, we ask that you make a 2-year commitment to this program, unless during the initial interview an alternative arrangement is outlined.

Please note that an interview with the parent(s)/guardian(s) and your child will be required before final acceptance into this program.

If you choose to apply for our program, we look forward to the opportunity to minister to you and to your child. We believe that God will do great things in your child's life while she/he is here, and that her/his life can be changed by teaching her/him Godly principles, by offering her/him the grace and the space to learn who she/he is in Christ, and by showing her/him God's unconditional love.

You and your family will remain in our prayers as you consider what your future will hold.

In Christ,

*Pam Patterson*

Pam Patterson  
Executive Director

**CONTRACT FOR PARENT/GUARDIAN – School and Home – CC: Exec. Director**

Because Agape House is a family-focused program, we would ask that you make the following commitments towards your family’s success at Agape House.

We also ask that you write down your three goals, as well as indicate the amount of tuition you will pay monthly (as discussed with the Executive Director during your interview) where the blanks are provided.

Please read and then initial the following items on the blanks on the left indicating your agreement with each request:

- \_\_\_\_\_ Participate in Agape’s weekly Parent Group program on designated evening.
- \_\_\_\_\_ Participate consistently in counseling. I am available for counseling (check one):  
\_\_ Week Days \_\_ Week Nights \_\_ Saturday Add’l Notes: \_\_\_\_\_
- \_\_\_\_\_ Meet with one of our financial counselors for free, if recommended.
- \_\_\_\_\_ Attend church regularly as a family.
- \_\_\_\_\_ Work on the following three goals for myself in Group and during Counseling:

Mother’s Name: \_\_\_\_\_

- Goals: 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

Father’s Name: \_\_\_\_\_

- Goals: 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

**Application for Parent – Agape School, Home and School First Aid Kit**

STUDENT'S LAST NAME	FIRST NAME	MIDDLE	GRADE
MAILING ADDRESS OR PO BOX	CITY	COUNTY & STATE	ZIP CODE
STREET ADDRESS (IF DIFFERENT)	CITY, STATE & ZIP CODE	NAME OF LAST SCHOOL ATTENDED	
BIRTHDATE	BIRTH PLACE (CITY & STATE)	LAST GRADE COMPLETED	
HOME PHONE	MOM'S CELL PHONE	DAD'S CELL PHONE	

**WE WILL USE THE INFORMATION BELOW TO CONTACT YOU AS NEEDED; WEEKLY NEWSLETTERS AND WEEKLY UPDATES WILL BE EMAILED (OR MAILED IF YOU DO NOT HAVE AN E-MAIL ADDRESS).**

FATHER'S LAST NAME	FIRST NAME	RELATIONSHIP (Circle one) Father Step-father Guardian Other	
MAILING ADDRESS (if different from student's)	CITY/STATE	ZIP	HOME PHONE (If different from above)
EMPLOYER		EMPLOYER PHONE	
WORK SCHEDULE From _____ To _____		WHEN DOES THIS CHILD LIVE WITH YOU? (Circle one) ALWAYS NEVER JOINTLY	
EMAIL ADDRESS – HOME		EMAIL ADDRESS – WORK	

MOTHER'S LAST NAME	FIRST NAME	RELATIONSHIP (Circle one) Mother Step-mother Guardian Other	
MAILING ADDRESS (if different from student's)	CITY/STATE	ZIP	HOME PHONE (If different from above)
EMPLOYER		EMPLOYER PHONE	
WORK SCHEDULE From _____ To _____		WHEN DOES THIS CHILD LIVE WITH YOU? (Circle one) ALWAYS NEVER JOINTLY	
EMAIL ADDRESS – HOME		EMAIL ADDRESS – WORK	

<p>PARENTS' MARITAL STATUS:          Married _____ Widow _____ Divorced _____ Separated _____ Not Married _____ Re-married _____          If parents are divorced, is there contact with non-custodial parent? _____          If applicable, please outline custody arrangements (we will need a copy of all legal documents pertaining to custody).          _____          _____</p>
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**Application for Parent (Continued) – Agape School and Home**

**General Information:**

Is child adopted? Yes or No      If adopted, where from? \_\_\_\_\_

Race \_\_\_\_\_      Language(s) Spoken \_\_\_\_\_

Sibling Name(s), Age(s): \_\_\_\_\_

How did you hear about Agape School? \_\_\_\_\_

Why do you want your child to attend Agape School and/or Home?

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

**Scholastic Information:** Fill out completely *explaining all 'yes' responses.*

Does your child have any learning disabilities? Yes \_\_\_ No \_\_\_

IEP Yes \_\_\_ No \_\_\_    A 504 Plan Yes \_\_\_ No \_\_\_

Has your child ever been expelled, dismissed, suspended or refused admission to another school? Yes \_\_\_ No \_\_\_

Has your child ever had disciplinary difficulty at school? Yes \_\_\_ No \_\_\_

Has your child ever failed an academic subject in school? Yes \_\_\_ No \_\_\_

Has your child ever been retained? Yes \_\_\_ No \_\_\_

Please indicate the academic level of the child's previous work:

Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor \_\_\_

Explanation: \_\_\_\_\_

**Religious Information** - Church/Religious Affiliation: \_\_\_\_\_

Explain involvement of applicant and/or family with church: \_\_\_\_\_

**Emotional Information of Applicant**

Briefly describe your child's emotional, academic, or behavioral issues of concern:

\_\_\_\_\_

**Application for Parent (Continued) – Agape School and Home**

Briefly explain when these behaviors started: \_\_\_\_\_

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Please list any contributing factors to this negative behavior: \_\_\_\_\_

---

Has your child expressed suicidal thoughts or actions? Yes \_\_\_ No \_\_\_

---

To your knowledge, has your child been sexually or physically abused, and if so, please explain: \_\_\_\_\_

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Has the abuse been reported or investigated, and what was the outcome? \_\_\_\_\_

---

**Character Information:** Please circle traits which best describe your child:

- |                    |                      |                    |                     |                      |
|--------------------|----------------------|--------------------|---------------------|----------------------|
| <b>FRIENDLY</b>    | <b>ALOOF</b>         | <b>EMOTIONAL</b>   | <b>STABLE</b>       | <b>OFFENSIVE</b>     |
| <b>POISED</b>      | <b>MOODY</b>         | <b>COURTEOUS</b>   | <b>DECEITFUL</b>    | <b>PROUD</b>         |
| <b>LAZY</b>        | <b>AGGRESSIVE</b>    | <b>RESOURCEFUL</b> | <b>CAREFUL</b>      | <b>TEMPERAMENTAL</b> |
| <b>RELIABLE</b>    | <b>CARELESS</b>      | <b>SUPERFICIAL</b> | <b>TACTFUL</b>      | <b>THRIFTY</b>       |
| <b>EXAGGERATES</b> | <b>PROMPT</b>        | <b>COOPERATIVE</b> | <b>DEPENDABLE</b>   | <b>SENSITIVE</b>     |
| <b>PATIENT</b>     | <b>STRONG-WILLED</b> | <b>HONEST</b>      | <b>MANIPULATIVE</b> | <b>DEFENSIVE</b>     |

**Personal Information** - If answer is yes, please explain briefly.

Does your child have a juvenile or arrest record? Yes \_\_\_ No \_\_\_

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Is, or was, your child on probation? Yes \_\_\_ No \_\_\_

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Has your child ever been convicted of a felony? Yes \_\_\_ No \_\_\_

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Has your child been in another facility? Yes \_\_\_ No \_\_\_

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**Application for Parent (Continued) – Agape School and Home**

Is your child under court order for placement? Yes \_\_\_ No \_\_\_

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Has your child run away? If so, number of times: \_\_\_\_\_

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Is your child sexually active? Yes \_\_\_ No \_\_\_

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Has your child ever used alcohol? Yes \_\_\_ No \_\_\_

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Has your child ever used illegal drugs? Yes \_\_\_ No \_\_\_

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Does your child smoke or chew tobacco? Yes \_\_\_ No \_\_\_

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Does your child show signs of an eating disorder? Yes \_\_\_ No \_\_\_

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Does your child have a history of arson or fire setting? Yes \_\_\_ No \_\_\_

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Has your child been involved in lesbian or bi-sexual activity? Yes \_\_\_ No \_\_\_

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Is your child aware of the possibility of this placement? Yes \_\_\_ No \_\_\_

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**Behavioral Information:**

Please circle the number which best describes your child's current behavior:

<b>INITIATIVE</b>	Aimless	1 2 3 4 5 6 7 8 9 10	Self-Directed
<b>INFLUENCE</b>	Negative	1 2 3 4 5 6 7 8 9 10	Positive
<b>ACCEPTANCE BY OTHERS</b>	Avoided	1 2 3 4 5 6 7 8 9 10	Sought After
<b>RESPONSIBLE</b>	Never	1 2 3 4 5 6 7 8 9 10	Always
<b>LEADERSHIP</b>	Follower	1 2 3 4 5 6 7 8 9 10	Always Leads
<b>EMOTIONS</b>	Unresponsive	1 2 3 4 5 6 7 8 9 10	Explosive
<b>APPEARANCE</b>	Sloppy	1 2 3 4 5 6 7 8 9 10	Extra Neat
<b>PURPOSE</b>	Aimless	1 2 3 4 5 6 7 8 9 10	Self-directed

**\*EMERGENCY CONTACTS – AUTHORIZATION TO PICK-UP - Agape School, First Aid Kit and Home**

When a student becomes ill at school, we try to contact her/his parents first, at home or at work. In the event that we cannot reach either parent, please list the names and phone numbers of TWO LOCAL relatives or friends WHO CAN COME TO PICK UP YOUR CHILD.

1. \_\_\_\_\_  
 (Name) (Phone, with area code) (Relationship) (Alternate Phone)

2. \_\_\_\_\_  
 (Name) (Phone, with area code) (Relationship) (Alternate Phone)

**HEALTH INFORMATION:** Please list any health concerns that your child has so that proper medical assistance can be provided in the event of an emergency. Include diagnoses such as: Asthma, diabetes, ADD, allergies, vision or hearing concerns and heart conditions.

**Health Alert 1:** \_\_\_\_\_ **Health Alert 2:** \_\_\_\_\_

**Dispensing medications:** All prescribed medications must be in the original prescription bottle, and delivered to a member of the Agape staff by an adult. I give permission for the staff of Agape House/School to administer the prescribed medication(s) listed below to my child as follows:

Medication	Dosage	Time Given	Frequency	Reason for Med

**Non-Prescription Medications:** Place an 'X' next to the following non-prescription medications we may give to your child as needed: Tylenol \_\_\_ Ibuprofen \_\_\_ Decongestants \_\_\_ Benadryl \_\_\_

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health Insurance Company and Policy No.:** \_\_\_\_\_

**Medical Assistance No.:** \_\_\_\_\_

I give permission for my child to leave school grounds, when supervised by a staff member, for events in the Walworth area, such as a walk, going to a local shop, going to the library, outreach or going to the Patterson home at W6281 Brick Church Road, Walworth. I also give permission for my child to participate in field trips throughout the school year if she/he has earned the privilege. Transportation will be provided by Agape School.

I, the undersigned do hereby authorize officials of Agape House/School to contact directly the person(s) named on this form, and I authorize the named physician or dentist to render treatment as may be deemed necessary in an emergency, for the health of my child. In the event physicians, other person(s) named on this form, or parents cannot be contacted, the officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the child named above. I will not hold Agape House/School financially responsible for the emergency transportation and/or care for my child.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Medical Visit Procedure – School, Home and School First Aid Kit (REVISED 01.09.2019)**

**NOTE: ALL 1<sup>ST</sup> YEAR STUDENTS MUST HAVE ALL APPOINTMENTS APPROVED BY HOUSE MANAGER.**

**PREFERRED APPOINTMENT TIMES:** It is best if your child does not have to leave for an appointment during the school day. However, we realize this is not always possible. Because Bible Study classes cannot be ‘made up’, we ask that **all appointments** away from Agape House ***be set so they do not leave school before 3:00 p.m.***

When your child is residing in the Home and needs to see a doctor, especially if it is during the ‘**no-contact**’ time period, we ask that you follow the procedure outlined below:

The HOUSE MANAGER is the person on staff who initiates the process for a doctor visit for the teens who live in the Home, whether it be general or urgent. We would ask that you, as parents, **contact the House Manager if you need to arrange for a doctor appointment at a time when you are not able to take your child to the doctor yourself.**

The House Manager will then process the request, which may be passed on to another staff person for transportation purposes.

For parents able to transport your child to doctor visits, please follow this procedure:

- For appointments during school hours, notify the school receptionist.
- For after-school hours, contact the House Manager.

Parents will always be notified of the need for a doctor appointment, and we will follow up with parents on the results of that visit. When possible, we will take your child to her/his regular doctor. However, when that doctor is a long distance from Agape House, we will need to come to an agreement on a doctor in this area. ***Please list the name of your preferred physician, if different than what is stated on Health History form at beginning of application, due to proximity from Agape House:***

**Student Name:** \_\_\_\_\_

**Preferred Physician near Agape House:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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

**City, State:** \_\_\_\_\_



**\*Health History – School and Home**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

What provisions for medical expenses can or have been made through family or sponsor? \_\_\_\_\_

Does your child have any physical ailments or handicaps that would inhibit normal manual labor? \_\_\_\_\_

If Yes, please briefly explain. \_\_\_\_\_

Does your child wear Glasses?  Contacts  Date of last eye exam? \_\_\_\_\_

If yes, should the glasses or contacts be worn at school? \_\_\_\_\_

Explain any problems with her/his eyes: \_\_\_\_\_

\_\_\_\_\_ Name of eye doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

When was her/his last dental exam? \_\_\_\_\_ Any problems with her/his teeth? \_\_\_\_\_

If so, please briefly explain. \_\_\_\_\_

Name of dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of gynecologist: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: If a pap test has not been done in last 18 months and if appropriate, schedule appointment ASAP.**

Name of psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of psychologist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Past History** - Mark **X** in appropriate box, and indicate age your child had illness:

	YES	NO	AGE		YES	NO	AGE
SCARLET FEVER				SYPHILIS			
MEASLES				GONORRHEA			
CHICKENPOX				DIPHThERIA			
MUMPS				HEPATITIS			
WHOOPING COUGH				TUBERCULOSIS			
SMALLPOX				PNEUMONIA			
TYPHOID FEVER				NERVOUS BREAKDOWN			
CANCER				GOITER			
ANEMIA				TB			

**\*Health History (Continued) – School and Home**

Answer the follow questions with respect to whether or not your child has ever had, or currently has any of the following health issues. Circle correct answer, and if yes, briefly explain in the margin.

Severe headaches:	Yes or No	_____
Persistent headaches:	Yes or No	_____
Blurred vision:	Yes or No	_____
Pain in the eyes:	Yes or No	_____
Hearing loss:	Yes or No	_____
Hay fever:	Yes or No	_____
Sinus trouble:	Yes or No	_____
High blood pressure:	Yes or No	_____
Low blood pressure:	Yes or No	_____
Severe chest pain:	Yes or No	_____
Heart trouble:	Yes or No	_____
Racing of the heart:	Yes or No	_____
Shortness of breath:	Yes or No	_____
Swelling of ankles:	Yes or No	_____
Leg cramps:	Yes or No	_____
Rheumatic fever:	Yes or No	_____
Asthma:	Yes or No	_____
Blood in urine:	Yes or No	_____
Burning on urination:	Yes or No	_____
Frequent kidney infections:	Yes or No	_____
Kidney stones:	Yes or No	_____
Stomach ulcer:	Yes or No	_____
Vomiting blood:	Yes or No	_____
Diarrhea:	Yes or No	_____
Constipation:	Yes or No	_____
Arthritis:	Yes or No	_____
Blackout spells:	Yes or No	_____
Convulsions:	Yes or No	_____
Backache:	Yes or No	_____
Eating disorder:	Yes or No	_____
Dizziness:	Yes or No	_____
Excessive fatigue:	Yes or No	_____
Is child nervous?	Yes or No	_____
Is child depressed often?	Yes or No	_____
Does child cry easily?	Yes or No	_____
Does child worry?	Yes or No	_____

**\*Health History (Continued) - School and Home**

Does child sleep well? Yes or No \_\_\_\_\_

Is she/he excessively sleepy? Yes or No \_\_\_\_\_

**Medications List** (Bring medications along with you):

Medications	Dosage	Reason for Med	Purchased at	Notes

List Allergies: \_\_\_\_\_

List drugs to which she/he is allergic or sensitive to: \_\_\_\_\_

Does your child have epilepsy? Yes or No If yes, what type: \_\_\_\_\_

List any other past or present illnesses not listed: \_\_\_\_\_

Has your child had a blood transfusion? \_\_\_\_\_ If so, when: \_\_\_\_\_

List all surgery your child has had, and dates of surgery: \_\_\_\_\_

Any special diet requirements? \_\_\_\_\_ If so, briefly explain: \_\_\_\_\_

Age at time menstrual cycle began: \_\_\_\_\_ Days between periods: \_\_\_\_\_

Length of periods: \_\_\_\_\_ Flow (circle one): Heavy Average Light

Any bleeding between periods? \_\_\_\_\_ Number of pregnancies: \_\_\_\_\_

Number of Full-Term: \_\_\_\_\_ Number of miscarriages: \_\_\_\_\_

Weight of largest baby: \_\_\_\_\_ Any complications with pregnancy: \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Is child pregnant? No \_\_\_\_ Yes \_\_\_\_ Maybe \_\_\_\_

If possible, why do you think so? \_\_\_\_\_

Has your child ever had an abortion? \_\_\_\_\_ If so, briefly explain each time:

**\*Health History (continued) – School and Home**

**Family History (whether living or deceased)**

RELATIVE	NAME	AGE	CONDITION OF HEALTH	AGE AT DEATH	CAUSE OF DEATH
FATHER					
GRANDFATHER					
GRANDMOTHER					
MOTHER					
GRANDFATHER					
GRANDMOTHER					
SISTER					
SISTER					
SISTER					
BROTHER					
BROTHER					
BROTHER					
CHILDREN					

**The information in this Health History is accurate to the best of my knowledge as of the date of signature.**

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Minor's Name (please print)

\_\_\_\_\_  
Parent/Guardian - Signature

\_\_\_\_\_  
Date Signed

**Contract for Student (to be completed by student) – School and Home – CC: Parent & Executive Director**

The goal of Agape School is to help teenagers overcome academic, spiritual, emotional and/or behavioral issues. We want to work in conjunction with you and your family to help you reach the goals you have set.

Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As we have committed ourselves to helping you, the student, we would ask that you commit yourself to the following:

I agree to:

- Attend school regularly
- Participate in counseling
- Work on my goals to the best of my ability, as noted above
- Participate in group and Bible study
- Read Student Handbook and follow the rules

In addition, I will consider participating in the mentor program. I understand that Agape School is a voluntary program, and no student is forced to be here. To be successful, I must be a willing participant. If at any time I am not fulfilling my contract, as noted above, I realize I may be put on probation.

\_\_\_\_\_  
Student - Signature

\_\_\_\_\_  
Date

**Application for Student (to be completed by student) - Agape School and Home (cc: Teacher)**

Please print clearly. If additional space is needed, use a separate sheet of paper.

**Applicant Information**

Full Name of Student: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Name of School Last Attended: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ City/State of School: \_\_\_\_\_

**General Information**

How did you hear about Agape School? \_\_\_\_\_

Reason for selecting Agape School? \_\_\_\_\_

**Religious Information** - Church/Religious Affiliation: \_\_\_\_\_

**Personal Information** - Please explain why you want to attend Agape School with as much detail as possible. If you need more space, write on the back of page.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Application for Student (Continued) - Agape School and Home**

Please describe your relationship with your father:

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Please describe your relationship with your mother:

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What issues do you need extra help with?

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What would you like to do when you graduate from high school?

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What gifts (talents) do you have?

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List the location of any tattoos or body piercings you have on your body:

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I understand that by attending this school, I agree to take part in counseling on a regular basis, and I will consider mentoring also.

I also understand the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline. While the program is distinctively Christian, no teen is ever forced to believe. Rather, it is our hope that each teen will come to know God someday by observing the loving example in her/his environment. I understand that Agape School is a Christian-based school for teens. I am aware that if I am accepted, I will be taught and counseled by the principles and doctrines of the Bible.

\_\_\_\_\_  
Student – Signature

\_\_\_\_\_  
Date

**Application for Student (Continued) – Agape School and Home**

**General Information:**

Are you adopted? Yes or No    If adopted, where from? \_\_\_\_\_

Race \_\_\_\_\_                      Language(s) Spoken \_\_\_\_\_

Sibling Name(s), Age(s): \_\_\_\_\_

How did you hear about Agape School? \_\_\_\_\_

Why do you want to attend Agape School and/or Home?

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

**Scholastic Information:** Fill out completely *explaining all 'yes' responses.*

Do you have any learning disabilities? Yes \_\_\_ No \_\_\_

IEP Yes \_\_\_ No \_\_\_    A 504 Plan Yes \_\_\_ No \_\_\_

\_\_\_\_\_

Have you ever been expelled, dismissed, suspended or refused admission to another school? Yes \_\_\_ No \_\_\_

\_\_\_\_\_

Have you ever had disciplinary difficulty at school? Yes \_\_\_ No \_\_\_

\_\_\_\_\_

Have you ever failed an academic subject in school? Yes \_\_\_ No \_\_\_

\_\_\_\_\_

Have you ever been retained? Yes \_\_\_ No \_\_\_

\_\_\_\_\_

Please indicate your academic level of previous work:

Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor \_\_\_

Explanation: \_\_\_\_\_

**Religious Information - Church/Religious Affiliation:** \_\_\_\_\_

Explain involvement with church for you and your family: \_\_\_\_\_

\_\_\_\_\_

**Emotional Information**

Briefly describe your emotional, academic, or behavioral issues of concern:

\_\_\_\_\_



**Application for Student (Continued) – Agape School and Home**

Briefly explain when these behaviors started: \_\_\_\_\_

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Please list any contributing factors to this negative behavior: \_\_\_\_\_

---

Have you expressed suicidal thoughts or actions? Yes \_\_\_ No \_\_\_

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Have you been sexually or physically abused, and if so, please explain: \_\_\_\_\_

---

Has the abuse been reported or investigated, and what was the outcome? \_\_\_\_\_

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**Character Information:** Please circle traits which best describe your child:

- |                    |                      |                    |                     |                      |
|--------------------|----------------------|--------------------|---------------------|----------------------|
| <b>FRIENDLY</b>    | <b>ALOOF</b>         | <b>EMOTIONAL</b>   | <b>STABLE</b>       | <b>OFFENSIVE</b>     |
| <b>POISED</b>      | <b>MOODY</b>         | <b>COURTEOUS</b>   | <b>DECEITFUL</b>    | <b>PROUD</b>         |
| <b>LAZY</b>        | <b>AGGRESSIVE</b>    | <b>RESOURCEFUL</b> | <b>CAREFUL</b>      | <b>TEMPERAMENTAL</b> |
| <b>RELIABLE</b>    | <b>CARELESS</b>      | <b>SUPERFICIAL</b> | <b>TACTFUL</b>      | <b>THRIFTY</b>       |
| <b>EXAGGERATES</b> | <b>PROMPT</b>        | <b>COOPERATIVE</b> | <b>DEPENDABLE</b>   | <b>SENSITIVE</b>     |
| <b>PATIENT</b>     | <b>STRONG-WILLED</b> | <b>HONEST</b>      | <b>MANIPULATIVE</b> | <b>DEFENSIVE</b>     |

**Personal Information** - If answer is yes, please explain briefly.

Do you have a juvenile or arrest record? Yes \_\_\_ No \_\_\_

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If so, are you on probation? Yes \_\_\_ No \_\_\_

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Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

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Have you been in another facility? Yes \_\_\_ No \_\_\_

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**Application for Student (Continued) – Agape School and Home**

Are you under court order for placement? Yes \_\_\_ No \_\_\_

---

Have you ever run away? If so, number of times: \_\_\_\_\_

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Are you sexually active? Yes \_\_\_ No \_\_\_

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Have you ever used alcohol? Yes \_\_\_ No \_\_\_

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Have you ever used illegal drugs? Yes \_\_\_ No \_\_\_

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Do you smoke or chew tobacco? Yes \_\_\_ No \_\_\_

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Do you have an eating disorder? Yes \_\_\_ No \_\_\_

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Do you have a history of arson or fire setting? Yes \_\_\_ No \_\_\_

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Have you been involved in lesbian or bi-sexual activity? Yes \_\_\_ No \_\_\_

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**Behavioral Information:**

Please circle the number which best describes your child's current behavior:

<b>INITIATIVE</b>	Aimless	1 2 3 4 5 6 7 8 9 10	Self-Directed
<b>INFLUENCE</b>	Negative	1 2 3 4 5 6 7 8 9 10	Positive
<b>ACCEPTANCE BY OTHERS</b>	Avoided	1 2 3 4 5 6 7 8 9 10	Sought After
<b>RESPONSIBLE</b>	Never	1 2 3 4 5 6 7 8 9 10	Always
<b>LEADERSHIP</b>	Follower	1 2 3 4 5 6 7 8 9 10	Always Leads
<b>EMOTIONS</b>	Unresponsive	1 2 3 4 5 6 7 8 9 10	Explosive
<b>APPEARANCE</b>	Sloppy	1 2 3 4 5 6 7 8 9 10	Extra Neat
<b>PURPOSE</b>	Aimless	1 2 3 4 5 6 7 8 9 10	Self-directed