

Office Use Only: Tribe _____ Academic Year _____

Faithful Academy Application

Please Print.

Application Date _____

I. Child's Information

Child's Name _____

First

MI

Last

Address _____

Street

City

Zip Code

Date of Birth _____

Month

Day

Year

List 3 schools the child has attended from most recent to least recent.

School _____ Dates attended _____

School _____ Dates attended _____

School _____ Dates attended _____

Child's Current grade level _____ Child's Current learning level _____

Has your child ever repeated a grade level? _____ Yes _____ No

If yes, please explain _____

Has your child ever been pulled from class on a regular basis for extra help in any area? _____ Yes _____ No

If yes, please list the subject, the grade level, and length of time child received extra help _____

Child's Most recent Academic Grades

Reading _____ Writing _____ Math _____

History/Social Studies_____ Science_____

Do you currently attend a church?_____ Name_____

Is your child currently active in a children/youth group in church?

_____Yes _____No

Please list any medications taken by your child and the reason for the medication.

Medication

Dosage

Reason for the Medication

Will any of the above medications need to be taken during school hours?

Please list._____

Please list any allergies including food allergies.

If siblings are school age, where do they attend school?_____

Will siblings be applying for a seat at Faithful Academy also? _____ Yes _____ No

Please explain._____

Any college aged siblings? _____Yes _____ No College Attending_____

Please list extracurricular activities in which your child participates (ex: soccer, baseball, Taekwondo, etc.)_____

II. Parent/Guardian Information

Please provide complete information for the two parents/guardians that are legally responsible for the child.

Father's Name _____
 First MI Last

Cell Phone _____ Work Phone _____ Home Phone _____

Employer _____ Email _____

Address _____
 Street City Zip Code

Does the child reside with this parent full time? _____ yes _____ no

Mother's Name _____
 First MI Last

Cell Phone _____ Work Phone _____ Home Phone _____

Employer _____ Email _____

Address _____
 Street City Zip Code

Does the child reside with this parent full-time? _____ yes _____ no

Step Parent Name _____
 First MI Last

Cell Phone _____ Work Phone _____ Home Phone _____

Employer _____ Email _____

Address _____
 Street City Zip Code

Does the child reside with this parent full time? _____ yes _____ no

III. Academics

Has your child been diagnosed by a learning specialist or diagnostician with a learning or cognitive (thinking) struggle/difference? This includes but is not limited to dyslexia, dysgraphia, auditory processing disorder, etc. ___Yes ___No

Diagnosis_____

If so, was the diagnosis made through a school district? _____Yes _____ No

School District_____ Child's age at diagnosis _____

If No, was the diagnosis made by a private learning specialist? ___ Yes ___ No

Learning Facility/Specialist_____ Child's age at diagnosis _____

List subject areas that your child struggles in academically.

Subject	Why does he/she struggle? (cause)
_____	_____
_____	_____
_____	_____

Has your child ever had a tutor? _____Yes _____ No

Please list subject (s) _____

Has your child ever attended Sylvan Learning Center, Mathnasium and or any other facility that helps with learning? _____Yes _____ No

Facility _____ Subject(s)_____

List any learning plans that your child has been on in public school (if attended). These plans are known as **IEP's**, **504**, or modified **learning**.

Plan	Reason for the Plan
_____	_____
_____	_____
_____	_____

List subject areas where your child has **advanced** learning.

Do you think Academic work takes most of your child's time (outside of school hours) and hence restricts them from enjoying other activities that they enjoy?

_____yes_____no Explain_____

How many minutes/hours does your child have currently in homework daily?

On a scale of 1 to 5, do you think your child has too much academic work even after school? _____Yes _____ No

Do you sometimes help your child with homework to reduce their academic stress? _____Yes _____ No

Does your child work well Independently? _____ Yes _____ No

Is your child a self starter? _____ Yes _____ No

Is your child self motivated? _____ Yes _____ No

Does your child avoid group work? _____ Yes _____ No

Does your child struggle working independently? _____ Yes _____ No

Is your child unmotivated to learn? _____ Yes _____ No

Is there anything your child is experiencing that is hindering their learning?

Please provide additional academic information you would like for us to know about your child.

IV. BEHAVIOR

Has your child been diagnosed with a behavioral disorder (these include but are not limited to ADD,ADHD, Oppositional Defiance Disorder, etc.) _____ Yes _____ No

If yes, Please specify all diagnoses.

Did a licensed counselor, diagnostician, or other professional that deals with behavior disorders make this diagnosis? _____ Yes _____ No

List the group/professional that made this/these diagnoses _____
Year diagnosis/diagnoses made _____

Does your child get along well with most children? _____Yes_____No_____other

Explain_____

Is your child well-behaved and generally does what adults ask? _____Yes_____No

At home, is your child compliant to persons in authority? _____Yes_____No____Other

Explain_____

Is your child argumentative when they don't get their way? _____Yes_____No

Does your child lose their temper? _____Often_____Not Often

List triggers._____

Is your child solitary and prefers to play alone? _____Yes_____No

Has your child ever been bullied? _____Yes_____No_____Often

Has your child ever bullied anyone? _____Yes_____No_____It's happened

Has your child ever been in a fight? _____Yes_____No _____More Than Once

Is your child considerate of other people's feelings? _____Yes_____No

Is your child restless, overactive or cannot sit still for long?_____Yes_____No

Explain_____

Does a fidget tool help your child focus? _____Yes_____No

Which fidget tool does your child prefer? _____

Does your child have a good attention span for their age? _____Yes_____No

Is your child easily distracted? _____Yes_____No

At home, does your child meet expectations set for them? _____Yes_____No

Does your child have daily chores/responsibilities at home? _____Yes_____No

Does your child make friends easily? _____Yes_____No

Does your child feel socially awkward in certain settings? _____Yes_____No

Does your child struggle with anxiety? _____ Yes _____ No

Please list any (known) anxieties.

Is your child currently under the care of a psychologist, psychiatrist or medical doctor for academic or behavioral assistance? _____Yes_____No

Has your child ever spent days in Detention or also known as In School Suspension on other schools? _____Yes_____No

If yes, please explain_____

Has your child ever been temporarily suspended or permanently suspended from any school? _____Yes_____No

If yes, please list the school(s).

Please list the reasons for temporary or permanent suspensions from any school.

Provide additional behavioral information you would like to add about your child.

Has your child had a Cognitive or behavioral assessment by a professional in the last year? _____ Yes _____ No

Assessment Date _____

Purpose of the Assessment _____

Person Performing Assessment _____

I _____ verify that all of the information provided to Faithful Academy on this application is true and correct. I also understand that not providing all cognitive and behavioral information about a prospective student, or falsifying any information about a prospective student will result in the student being excused from Faithful Academy. I also understand no fees will be returned if a student is excused from Faithful Academy.

I have read and understand all of the statements above.

Parent/Guardian Signature

Date