



Gideon Academy

Honor Integrity Servanthood

1316 Shafter Road, Bakersfield, CA 93313
Phone: (661)833-9894 Fax: (661) 829-4185

Appropriate fees (non-refundable) must accompany this form and only applies to new families enrolling one or more students:

Fee effective June 1, 2018:
\$25 per family

APPLICATION FOR ENROLLMENT FORM

Submit one for each new student applying for enrollment with the academy.

STUDENT INFORMATION

Student's Name: _____ Male ___ Female ___ Birth Date: _____
Social Security Number: _____ - _____ - _____ Citizenship: _____ Birthplace: _____
Home Address: _____ City & Zip: _____
Mailing Address (if different): _____ City & Zip: _____
Home Number: _____ Father's Cell: _____ Mother's Cell: _____
Email Address: _____ 2nd Email Address: _____

PREVIOUS EDUCATION

Name of Last School Attended _____
Street Address: _____
City, State & Zip: _____
The type of educational institution: Public _____ Private _____ Homeschool* _____
Years Attended _____ Highest Grade Completed _____ Was the A.C.E. curriculum used in this school? _____
If you are currently using the A.C.E. curriculum, please list the last PACE completed in each of the following subjects:
Math ___ English ___ Social Studies ___ Science ___ Word Building ___ Literature ___ Creative Writing ___
**Please include all homeschool records.*
Do you currently have an outstanding balance at this institution? If so, what is your current balance? _____

PARENT INFORMATION

Father's Name: _____ Social Security No. _____ - _____ - _____
Biological Father? Yes ___ No ___ If "No," biological father's name: _____
Employment: _____ Business Telephone: _____
Highest Education Completed: High School/GED ___ Associate's Degree ___ Bachelor's Degree ___ Other ___
Mother's Name: _____ Social Security No. _____ - _____ - _____
Biological Mother? Yes ___ No ___ If "No," biological mother's name: _____
Employment: _____ Business Telephone: _____
Highest Education Completed: High School/GED ___ Associate's Degree ___ Bachelor's Degree ___ Other ___
Marital Status of Child's Biological Parents: Married ___ Widowed ___ Divorced** ___ Separated** ___

****If divorced, please include a photocopy of most recent Child Custody Order. If separated, both parent/guardian signatures are required.**

RELIGIOUS INFORMATION

Church Attending _____

Address, City, State & Zip _____

Pastor _____ Phone _____

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? _____ If so, please explain _____

Has student received immunization? DTP/DTP/DT/Td _____ Polio _____ MMR _____
Varicella _____ Hepatitis B _____

SCHOLASTIC INFORMATION

Has student ever been expelled, dismissed, suspended, or refused admission to another school? _____

If yes, explain: _____

Has student ever had disciplinary difficulty at school? _____

If yes, explain: _____

Does student have a juvenile or arrest record? _____

If yes, explain: _____

Has student ever used tobacco or nonprescription drugs or any kind? _____

If yes, explain: _____

Has student ever failed an academic subject in school? _____

If yes, explain: _____

Please indicate academic level of student's previous work:

Excellent _____ Good _____ Average _____ Poor _____

APPLICATION PROCESS

In order for this application to be processed, Gideon Apostolic Academy (Gideon) must receive the following information. **All incomplete applications will be returned.**

_____ Completed and Signed Application with Application Fee

_____ Payment for the One-Time Diagnostic Fee (if applicable)

_____ Payment for the Annual Registration Fee (for new families enrolling one or more students)

_____ Copy of the Student's Birth Certificate

_____ Copy of Legal Custodial Documents (if applicable)

_____ Recent Picture of the Student

_____ Official Transcript* from Student's Most Recent School

_____ Letter of Recommendation from Student's Pastor**

****For your convenience, a form letter is enclosed that you may complete and forward to the school the student most recently attended, requesting that an official transcript be forwarded to Gideon Academy. If the student is currently in a homeschool, please submit a copy of the student's record.***

*****If the student is not currently active in a church, please include a letter stating the reason why you are seeking enrollment in Gideon Academy.***

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. **The Application, Registration, Testing Fees and must accompany application and are non refundable.** unless the student not is accepted into Gideon. If the student is not accepted into Gideon all fees will be refunded with the exception of the application fee. An interview with the parents and the students will be required before final acceptance.

REQUIRED SIGNATURES

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____

If desired, please list names of any other relatives or non-family members, and their relationship to the student, with whom the student's Academic Advisor, may discuss the student's academic information (tutors, grandparents, non-custodial parent, etc.).

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Send the completed application, payment of application fee, payment of annual administration fee, and all required enrollment documents to:

Gideon Academy
Attn: Enrollment Office
1316 Shafter Rd.
Bakersfield, CA 93313