

**Gideon Academy  
New Enrollment Information**



1316 Shafter Road  
Bakersfield, Ca 93313  
P: (661) 833-9894  
F: (661) 829-4185  
Email: [gideonapostolic7@gmail.com](mailto:gideonapostolic7@gmail.com)  
Web: [www.gideonacademy.org](http://www.gideonacademy.org)

**School hours**

Monday through Friday from 8am- 2:30pm (except holidays and Student Conventions)

**Lunch**

Students bring their own sack lunch daily. Microwavable is available for food in a Microwavable container and include proper utensils (Forks, Spoons, Napkin etc.) Monday - Thursday only.  
Please send a cold lunch on Fridays due to chapel services

**PE Days**

Tuesday and Thursday from 1:40-2:30pm

**Morning Routine:**

Devotional and prayer with pledges (Christian Flag, American Flag, and Bible) Students must be in their office by 8:00am to avoid disruptions to the class and demerits.

**Chapel Service:**

Fridays from 11:10-12:00 is Chapel (Church Service) Subject to change

**School Uniform:**

Girls: Blue/red plaid skirt with a light blue peter-pan collar and black tennis (running or walking) shoes.  
Boys: Navy Blue pants with a light blue dress shirt (long or short sleeve) and black tennis (running or walking) shoes.  
Chapel Days (Fridays): **Girls** will wear a blue/red plaid crossbow tie. **Boys** will wear a blue/red plaid tie (All day).

Uniforms can be purchased at [www.frenchtoast.com](http://www.frenchtoast.com) by using our school code of **QS5ZPPS**.

**PE uniform: ALL UNIFORMS MUST BE ORDERED FROM OUR CATALOG**

Girls: Navy Blue culottes and a Navy Blue Gideon T-shirt with running shoes.  
Boys: Navy Blue warm-up pants and a Navy Blue Gideon T-shirt with running shoes.

There are also sweatshirts available with the Gideon design for cold weather.

**Required paperwork along with application forms:** Copy of Birth Certificate and Immunization Records

**Tuition 2024/2025**

Tuition (10 Monthly payments due the 1st of each month)	\$300.00
Tuition (1 time Annual 10% Discount due August 15th)	\$2700.00

**New Student Fees (Due at registration) 2024/2025**

Diagnostic Testing	\$ 25.00 (waived if transferred from ACE)
Application	\$ 10.00
	\$ 250.00
Registration (Due June 1st)	\$275.00 (total to begin at Gideon)



# GIDEON ACADEMY

HONOR INTEGRITY SERVANTHOOD

1316 SHAFTER ROAD, BAKERSFIELD, CA 93313

PHONE: 661.833.9894 FAX: 661.829.4185

WWW.GIDEONACADEMY.ORG

Registration fee (non-refundable) must be paid by June 15th \$240 per student

"A SCHOOL FOR TODAY'S CHILDREN TO GROW INTO TOMORROW'S CHRISTIAN LEADERS..."

## 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: \_\_\_\_\_ 2<sup>nd</sup> 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/DTaP/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 Apostolic 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 Apostolic Academy.***

<b>GENERAL INFORMATION</b>
----------------------------

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.

<b>REQUIRED SIGNATURES</b>
----------------------------

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



"A school for today's children  
to grow into tomorrow's Christian Leaders..."

Gideon Academy  
Honor Integrity Servanthood

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

## FINANCIAL AGREEMENT FORM 2023/2024

*Submit one form for each student with the academy.*

Student's Last & First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

This payment agreement is a part of the contract between the parent(s) of the child listed above and Gideon Apostolic Academy (Gideon). The parent(s) of every child is required to timely complete, sign and return this form to the Gideon Admissions Department as a condition of being allowed to register for and attend classes at Gideon. Under this contract, it is the primary responsibility of the parent(s) to pay all tuition and other fees due to Gideon.

By signing this financial agreement form, you agree to pay all reasonable collection costs, including reasonable attorney fees and collection agency fees, incurred to collect any delinquent accounts. In the event of withdrawal from Gideon, enrollment fees are non refundable and refunds for tuition paid in advance will be made in accordance with policy stated in the Parent/Student Handbook.

### Tuition Cost

- Pre-K & Kindergarten.....\$3,000
- 1st - 12th Grade.....\$3,000

### Discounts

- **Annual Payment** - Pay the total balance by August 1 (a 10% discount will apply for this option - NO discount will be given after August 15).
- **Tuition discount for families with multiple children:** Full tuition is charged for the first and second child enrolled at the highest grade level. Discounts for three or more children in the same family of 10% are applied on a descending grade level basis.

### Please indicate the payment option for paying your tuition:

☐ Annual Payment: Full tuition payment due by August 1.

☐ Ten Equal Payments: Tuition may be paid in ten (10) equal monthly payments. The first payment is due August 1 with the final payment due May 1 of the school year.

### Registration Cost

- Pre-K & Kindergarten.....\$240
- 1st - 12th Grade.....\$240

**Registration Fee for 2023/204 will be due in full on June 15th 2023, these fees are non-refundable.**

**Please deliver my invoice and/or statements via email:**

☐ E-Mail - ☐ Father's ☐ Mother's \_\_\_\_\_ (email address)

### Things to remember about your financial commitment to Gideon:

- All payments are to be made as agreed upon. It is your responsibility to make your payment as scheduled. If you do not receive a bill please notify the business office by the 1st of the month so we can reissue your bill.
- Gideon accepts cash, check, money orders and Zelle.
- A student will not be able to re-enroll until all of your account is current (prior year balance paid in full), or satisfactory arrangements have been made with the School Board.

- The school staff does not make financial arrangements or decisions. Any arrangements should be made with the School Administrator with approval by the School Board of Directors.
- Payments are due by the 1<sup>st</sup>, but if not received by the 10<sup>th</sup> of each month, or no arrangements have been made, your account will be charged a **\$35 late fee**.
- A \$35 fee will be charged for checks returned for insufficient funds. After two occurrences in a school year, only guaranteed funds (cashier's check, money order, cash, or certified check) will be accepted for payment.

**If payments are not received by the due date, please expect the following:**

- If payment or payment arrangement is not received by the 10<sup>th</sup>. A late fee of \$35 will be charged to your account.
- If payment is not received by the 10<sup>th</sup>, expect to receive an email reminder.

**Please note the following:**

- The fees noted above do not include additional fees (Stanford Testing, LCA Dual Enrollment, etc.) that are invoiced and due upon receipt.
- In the event of financial hardship, notify the Administrator or School Board designated individual immediately to work out a payment plan.
- Please inform the Gideon administrator in writing at the address above or via e-mail at [gideonapostolic7@gmail.com](mailto:gideonapostolic7@gmail.com) if there are any changes to the billing name, address or payment option. It is your responsibility to keep contact and emergency contact information current with the school administrator at all times.

For the school year 2023/2024, and each proceeding school year my child attends Gideon Academy, I agree to pay all tuition and fees according to the option selected above.

Father/Guardian

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_

Mother/Guardian

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact #1

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

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

\_\_\_\_\_

Cell. #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact #2

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

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

\_\_\_\_\_

Cell. #: \_\_\_\_\_

E-Mail: \_\_\_\_\_



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## **HANDBOOK AGREEMENT**

*Submit one form for each family*

I/We hereby acknowledge by our signature that we have received, read and agree to all the policies set forth in the Student Handbook.

## **STATEMENT OF COOPERATION**

1. I have read and understand the school's philosophy of Christian education and its statement of faith and am in agreement with the purpose and philosophy of Gideon Apostolic Academy as written in the School Handbook.
2. I have read Gideon's status on non-accreditation and the option I have, as a parent, to enroll my child with Lighthouse Christian Academy's dual enrollment program. LCA is accredited with Middle States Association Commissions on Elementary and Secondary Schools (MSA-CESS) and Accreditation International (Ai). If I choose to transfer my child to a school that is not using ACE curriculum I understand it is the new school's choice to accept the credits earned at Gideon, especially if the student is a high school student. I must check with the new school for credit acceptance.
3. I have read and understand how classroom supervisors are not state certified teachers, but are able to help my child learn the subjects in their learning center.
4. It is understood that my child's attendance is a privilege and not a right, and that if at any time his/her conduct, academic progress, or cooperation with the school's authorities is not in keeping with the school's requirements, the school reserves the right to terminate my child's enrollment at its discretion.
5. I will support the school by involvement in the Parent Teacher Association (PTA), parent meetings and other school-sponsored meetings and activities.
6. I agree to actively participate in the P3 Program of Gideon Apostolic Academy as stated in the Parent/Student Handbook.
7. I give my permission for my child to take part in all school activities including school-sponsored trips away from the school premises. I absolve the school from liability to me or my child because of any injury to my child at school or during any school activity, with the understanding that insurance will be maintained on my child during the school year.
8. I understand the standards of Gideon Apostolic Academy in that they will not tolerate bullying, fighting, profanity, obscenity in word or action, talking back to supervisors or staff, dishonor to the Word of God, or disrespect to the personnel or students of the school.

9. I herewith agree to authorize this school to employ such discipline as it deems wise and expedient for my child; I both understand and agree with their policies in this area. (Proverbs 13:24, Proverbs 22:6; Proverbs 22:15)
10. Realizing that my attitude toward the supervisors/teachers and policies of Gideon Apostolic Academy affects the emotional and academic stability of my child, I will support and uphold the ideals of the school in every way and will abide by the discipline and regulations of this administration. (1 Thessalonians 5:13)
11. At no time will I participate in destructive criticism of the staff or the school to my child or others, but instead, if a problem arises, regarding our child, I agree that I will adhere to the policy of 1) discussing the issue with the child's supervisor, 2) if not resolved, discussing the issue with the administrator and supervisor, and 3) if the issue remains unresolved, to contact the Pastor of Christ Centered Church to set up a private meeting to discuss the issue with the School Board as indicated in Matthew 18:15. I understand that in certain circumstances, depending on the nature of the parental concern, it may be appropriate to omit the first and second steps. These steps will be addressed privately and confidentially.
12. In making an application for my child, I fully understand that ***Gideon Apostolic Academy does not accept children on a month-to-month basis, nor on a one semester basis. Upon enrolling my child, I affirm that I am morally and financially obligated to maintain enrollment for the complete school year.*** It is my understanding that the school's policy is to make no refund on fees. (2 Corinthians 8:21)
13. I pledge to pay tuition and fees in a timely manner. In the case of unexpected financial hardship, it is my responsibility to contact the school office to arrange a meeting with the Administrator to set up a payment plan.
14. A spot for the upcoming year will not be held for a student if any tuition or fees are past due by 30 days or more. A student may not begin school in the fall until all amounts due for the prior year are paid in full by May 31.
15. I understand that there will be no reduction in tuition for time missed by our child due to family vacations, illness or other reasons.
16. I support and agree with the school's effort to train my child to be Christ-like, in accordance with God's word, and will encourage my child in this and in all other phases of instruction.
17. I will adhere to School Dress code while volunteering or attending chapel services as stated in Parent/Student hand book

\_\_\_\_\_  
Printed Name of Father/Guardian

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Mother/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date





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## **MEDICAL TREATMENT FORM**

*Submit one form for each student with the academy.*

Student's Name: \_\_\_\_\_

### **Permission to Administer Medication**

I give my permission for the school to administer Tylenol, Ibuprofen or Benadryl to my child.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date

### **Permission to Administer Prescribed Medication**

I understand that in the case of my child needing the administering of prescription or any other medications needed during school hours that a note is required from parent/guardian giving proper school personnel permission and instructions on the administering of such medication and that all medications must be checked in and remain in the school office.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date

### **Permission to Share Information**

I give permission to the school to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral diagnosis and treatment.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date



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### PHOTO RELEASE FORM

*Submit one form for each student with the academy.*

Dear Parents,

Technology plays an important role in our school. Students are exposed to a number of programs that will help them improve in academics. Gideon has a web site, <http://www.gideonacademy.org/>. This site features the faculty and staff, our classrooms and the many programs that are offered to our students and their families. We would like to celebrate student achievement by posting pictures on our website, in newsletters, the school yearbook, school broadcast, etc.

We would like to feature our students working together in the classroom and participating in school activities. Your consent is required for your child to be included in any of the pictures. Your child will not be identified by name except in the yearbook. The material will not be used for any commercial purposes and no payments will be made to the participants.

Please mark an X on the line below.

\_\_\_\_\_ I give consent for my child to be included in any pictures taken. I know that they will not be used for any commercial purposes and will be used solely for displaying the dimensions of the program.

\_\_\_\_\_ I do not consent for my child to be included in any pictures except the yearbook. I understand that he/she will continue in the activities and remain out of the camera view during any photograph/ video sessions.

Student's Name: \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

Date: \_\_\_\_\_



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\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Attention: Records Department

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Mailing Address

\_\_\_\_\_  
City, State, & Zip

## Transcript Request

To Whom It May Concern:

The following student is applying for acceptance in Gideon Academy:

\_\_\_\_\_  
Student Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Social Security Number

This is to request an official copy of the above-named student's academic transcript including attendance, standardized test scores, and evaluation of grading system. Please forward all requested items to the following address:

**Administration  
Gideon Academy  
1316 Shafter Rd.  
Bakersfield, CA 93313**

The release of these records is authorized by:

Print Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian or Student (if over 18 years of age)

Signature \_\_\_\_\_  
Parent/Guardian or Student (if over 18 years of age)