



## Gideon Academy

Honor Integrity Servanthood

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

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

Fee effective June 1, 2017:  
\$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: \_\_\_\_\_ 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 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