



Homespun Schoolhouse  
of Agapé

# The Homespun Schoolhouse of Agapé

199 Agapé Way • Stephens City, VA 22655 • 540-869-6070  
Agapeva.com / blm09@comcast.net

## APPLICATION FOR ENROLLMENT 2010-11 Academic Year

### FAMILY INFORMATION

Please complete this page once per family.

Your Information (Parent/Guardian #1) see page 2 for additional parent/guardians			
Name and relationship to student			
Street address			
Mailing address			
Home Phone		Cell Phone	
Home Email address		Work Phone	
Employer		Occupation	

Other Information	
Do you have internet and e-mail access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently attend church?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?	
If no, would you be interested in receiving information about the church, Agapé?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about Homespun Schoolhouse?	
If referred by someone, who referred you?	
Please share your reasons for desiring enrollment at Homespun Schoolhouse of Agapé.	

### Mission Statement

The school will function within the body of Christ in accordance with the standards of the Bible to educate, empower, and guide students and their parents in education.

The school will provide an education based on the unique needs, gifts, and abilities of each student.

The school recognizes that the ultimate authority to train and educate the children rests with their parents.

**With your application, please include one non-refundable \$25 application fee for your family. Please mail your application to the address listed above. You will be contacted to set up an interview if your application is accepted.**

**I have completed this application for \_\_\_\_\_ students and have included my \$25 application fee.**

**Signature:**

**Date:**



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## **APPLICATION FOR ENROLLMENT** 2010-11 Academic Year

### **FAMILY INFORMATION (continued)**

**If applicable, please complete this page; otherwise, mark N/A.**

<b>If applicable, Parent/Guardian #2</b>			
<b>Name and relationship to student</b>			
<b>Street address</b>			
<b>Mailing address</b>			
<b>Home Phone</b>		<b>Cell Phone</b>	
<b>Home Email address</b>		<b>Work Phone</b>	
<b>Employer</b>		<b>Occupation</b>	



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## APPLICATION FOR ENROLLMENT 2010-11 Academic Year

### STUDENT INFORMATION

Please complete this page for each student that you wish to enroll.

Student Information			
<b>Student's full name</b>			
<b>Date of birth</b>		<b>Current age</b>	
<b>Gender</b>		<b>Current grade</b>	
<b>Student lives with</b>	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other guardian		
<b>Current Schooling Situation</b>	<input type="radio"/> Homeschooling <input type="radio"/> Private School <input type="radio"/> Public School <input type="radio"/> Other	<b>If "Other", please specify</b>	
<b>Public School District in which student resides</b>		<b>Public School student would attend</b>	
<b>Last school attended</b>		<b>Years enrolled in last school</b>	
<b>Has the student had any special education testing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of testing</b>	
<b>Results of testing</b>			
<b>Does the student currently have an individual educational plan (IEP)?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Has the student ever had an IEP or received special education services?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does the student have any specific learning difficulties?</b>			
<b>Has the student ever received any reading intervention services, such as private reading tutoring, Reading Recovery, Reading Resource class, PALS or Title I Reading?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Has anyone ever suggested that the student might benefit from testing, services, or medication?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes to previous question, what behaviors or issues prompted that suggestion?</b>			
<b>Desired school option for this student</b>	<input type="radio"/> Private School (Full-time, five days per week) <input type="radio"/> Homeschool Support (Two days per week, Tuesday/Thursday)		
<b>If the desired school option is not available, would you consider another option?</b>	<input type="checkbox"/> Yes: Private School (Full-time, five days per week) <input type="checkbox"/> Yes: Homeschool Support (Two days per week, Tuesday/Thursday) <input type="checkbox"/> No		