

APPLICANT'S MOTHER / GAURDIAN

LAST NAME	FIRST NAME	EMAIL ADDRESS	
HOME ADDRESS (<i>if different from applicant</i>)	CITY	STATE	ZIP
MOBILE #	Can your phone number be published on our class list? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER	POSITION	WORK #	
BUSINESS ADDRESS (STREET)	CITY	STATE	ZIP

APPLICANT'S SIBLINGS (List brothers, sisters, and any other children living with the family)

CHILD'S NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
CHILD'S NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
CHILD'S NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT

SCHOOL HISTORY

SCHOOL CURRENTLY (OR LAST) ATTENDED	CITY	STATE	ZIP	PHONE#
GRADE COMPLETED	DATES ATTENDED			
SCHOOL PREVIOUSLY ATTENDED	CITY	STATE	GRADE COMPLETED/DATES ATTENDED	
SCHOOL PREVIOUSLY ATTENDED	CITY	STATE	GRADE COMPLETED/DATES ATTENDED	

ADDITIONAL PARENT / GUARDIAN INFORMATION

Please check: Parents Married Parents Divorced Parents Separated Father Remarried Mother Remarried
 Father Deceased Mother Deceased

If parents are divorced, who has legal custody of applicant? _____
**If biological parents are divorced, then the school must have a copy of the decree pages signed by a judge which indicate custody plan*

Applicant lives with: Father Mother Both Other: _____

Does the applicant have stepparents? Yes No If yes, name: _____

CHURCH

Name, address, and phone # of Church currently attending: _____

Pastor's Name: _____

Is at least one parent a member in good standing? Father Mother Both

**A member in good standing indicates that, among other things, the individual is not under any form of church discipline.*

DEVELOPMENT / MEDICAL

Any speech difficulties? No Yes If yes, please explain: _____

Has applicant been in speech therapy? No Yes If yes, please explain: _____

Has applicant ever had counseling? No Yes If yes, please explain: _____

Is applicant prescribed any medication at this time? No Yes If yes, please explain: _____

Does the applicant have any academic and/or developmental needs that we will need to know about in order to more effectively assist in their performance? No Yes If yes, please explain: _____

Does the applicant currently have or has he/she ever had an IEP, 504 Plan, or any professionally diagnosed modification to classroom instruction? No Yes If yes, please attach a copy of documentation and explain: _____

ADDITIONAL INFORMATION

Has the applicant ever failed a grade in school or been held back because of absences? No Yes
If yes, please explain: _____

Has the applicant ever been expelled from or been refused admission to another school? No Yes
If yes, please explain: _____

Has the applicant had discipline or attendance/tardiness problems? No Yes If yes, please explain: _____

How did you learn about Imago Dei Classical Academy?
 Radio Internet Word of Mouth Church Other: _____

ADDITIONAL INFORMATION Continued

Please explain why you want your child to attend Imago Dei Classical Academy: _____

If you have further information which you think might be important to Imago Dei Classical Academy as your child’s application is considered or if there is something interesting about your child that you would like to share, please use this space or attach a separate sheet. This information will be kept confidential.

Have you read the School Student/Parent Handbook in its entirety? No Yes
(The Student/Parent Handbook can be accessed on the IDCA Website)

Are there any philosophy or policy statements which are inconsistent with your goals for your child?
 No Yes If yes, please explain: _____

Have you read IDCA’s Statement of Faith? No Yes

Do you agree to have your child taught in accordance with our Statement of Faith? No Yes

Are there any points in our Statement of Faith which are inconsistent with your personal faith?
 No Yes If yes, please explain: _____

How do you think parents should participate in the education of their children? _____

EMERGENCY CONTACTS / APPROVED TRANSPORTATION INFORMATION

Should the parent/guardian of the above named applicant be unreachable, please list the names, their relationship to the applicant, and the contact number of those whom IDCA may contact in an emergency. The names listed below can also be contacts who are approved to pick up the above named applicant from IDCA. All approved persons must have a car placard. Any person without a car placard will be required to produce their driver's license to the office for identification verification.

NAME	PHONE #	RELATIONSHIP	Emergency Contact	Approved Pick Up
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

CHILD'S IMAGE IN PROMOTIONAL MATERIAL PERMISSION

Imago Dei Classical Academy does not discriminate on the basis of race, color or national origin in the administration of its educational policies, admissions policies, scholarships or other school sponsored events.

Imago Dei Classical Academy's website is a tool to communicate with families, teachers, prospective students, and the larger community. To enhance this experience we use still pictures and video images to show student involvement in various activities. Students' personal information is never given unless permission is specifically given by the official parent or guardian.

(Please check the appropriate box below)

- I DO give permission to Imago Dei Classical Academy to use my child's image on the school's website or other promotional media.
- I DO NOT give permission to Imago Dei Classical Academy to use my child's image on the school's website or other promotional media.

We represent that all of the above information is true and factual. (Imago Dei Classical Academy reserves the right to immediately dismiss your child if any of your given information is found to be false or misleading.)

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

Date

Date

Please return this application to the Imago Dei Classical Academy office along with the \$50.00 no-refundable application fee.

Please make checks payable to Imago Dei Classical Academy.

Application and check may be dropped by the school office, or mailed to 2035 Jeffress Rd. Mills River, NC 28759.