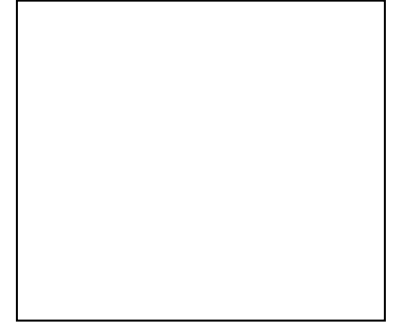


Application for admission to:

Paper clip or staple photo here...

AGAPÉ BOARDING SCHOOL
A MINISTRY OF AGAPÉ BAPTIST CHURCH



Referred by: _____

Enrollment date: _____

Application is hereby made for the admission of:

1. Name: _____ Age: _____ Place of birth: _____

2. Birth date: ____/____/____ US citizen? ()YES ()NO Ethnic background: _____

3. Height: _____ Weight: _____ Eye color: _____ Hair color: _____ Scars/Tattoos: _____

4. Social security number: _____ - _____ - _____ Name he prefers: _____

5. Are both parents living? () Yes () No If "no", explain: _____

6. Name of Birth Father or Guardian: _____ S.S #: _____/_____/_____

7. Address: _____ City: _____ State: _____ Zip Code: _____

a. Home phone: () _____ b. Cell number: () _____

c. Occupation: _____ d. E-mail _____

e. Business address: _____ City: _____ St: _____ Zip Code: _____

f. Business phone: () _____

8. Name of Birth Mother or Guardian: _____ S.S #: _____/_____/_____

a. Address: () same Other: _____ City: _____ State: _____ Zip code: _____

b. Home phone: () _____ c. Cell number: () _____

d. Occupation: _____ e. Business phone: () _____

9. Alternate contact person: _____

a. Address: _____ City: _____ State: _____ Zip code: _____
(must have lived at current address for more than 2 years)

b. Home phone: () _____ c. Cell phone: () _____

10. Last grade completed: ()7 ()8 ()9 ()10 ()11 ()12

11. Last school attended: _____ Phone: () _____

a. Address: _____ City: _____ State: _____ Zip: _____

b. Name of Principal or teacher: _____

c. Was student honorably released? ()Yes ()No

If "No" explain: _____

12. The quality of this student's work is: ()Excellent ()Good ()Fair ()Poor

Explain: _____

13. Does the student have disciplinary difficulties? ()Yes ()No

14. Felony arrests? ()Yes ()No

If "Yes" please explain: _____

15. Misc. arrests? ()Yes ()No

If "Yes" please explain: _____

16. List any other Violent Behavior: _____

17. List any sports or hobbies: _____

18. Please use space to describe why you feel your child would benefit by becoming a student at AGAPÉ.

19. Does the parent that is signing the child in have full, legal custody? ()Yes ()No

If "No" please explain: _____

20. Does another parent or guardian have visitation rights to the child? () Yes () No

If "Yes" please explain: _____

CONSENT FOR TREATMENT OF MINOR CHILD

As the Birth Parent or Guardian of: _____ I have entrusted his care to:

AGAPÉ Boarding School

I give my permission to the agents of the above listed institution to serve as my agents in giving consent for any medical, hospital, surgical or dental services to be given under the supervision of a physician or dentist. This consent includes disposal of any tissue severed during the treatment process. I understand I am giving this permission before health-care is required for my child or children, so that care can be given without undue delay according to the judgment of the above institution and the attending physician or dentist.

I give my permission to the above listed institution to keep all required immunizations and health tests up to date as required by the state of Missouri and for the safety of the student and others involved. I give permission for any follow up care that will be required.

This authorization shall remain in effect until I request in writing for it to be revoked. I understand that authorization for treatment also includes responsibility for paying fees related to services provided with the consent of the agents of the above institution acting on my behalf.

ATTENTION MEDICAL PROVIDER: AGAPÉ BOARDING SCHOOL a ministry of AGAPÉ BAPTIST CHURCH or its agents are not responsible for any fees incurred by above named student.

Birth Father or Guardian's full name: (print) _____ Home Phone: () _____

Address: (print) _____ Work Phone: () _____

Social security number: ____/____/____ Cell Phone: () _____

Signature: _____

Birth Mother or Guardian's full name: (print) _____ Home Phone: () _____

Address: (print) _____ Work Phone: () _____

Social security number: ____/____/____ Cell Phone: () _____

Signature: _____

INSURANCE INFORMATION

Insurance Company: _____ Address: _____

City: _____ State: ____ Phone number: () _____

Policyholder: (full name) _____

Policyholder's Social Security Number: ____/____/____ Policyholder's Date of Birth: ____/____/____

Policyholder's employer: _____

Group number: _____ Policy number: _____

Is prior authorization required for treatment? ()Yes ()No If yes, explain: _____

INFORMATION SHEET

PATIENT INFORMATION

SSN: _____ - _____ - _____

DATE: _____

Patient's Name: _____ Home Phone: _____
Last First MiddleAddress: _____ Birth date: ____/____/____ Age: _____
Street, route or box City State Zip

Patient's Marital Status: Single__ Married__ Widowed__ Divorced__ Sex: M__ F__

* If patient is a minor list Responsible Party: _____

Responsible Party Phone: () _____ SSN: _____ - _____ - _____

Employer's name/Address/Phone#: _____

NOTIFY IN EMERGENCY: _____
Name address phone

(Relationship?) _____

MEDICAL INSURANCE INFORMATION:

*Primary Ins. Name: _____

* Secondary Ins. Name: _____

I.D. _____ Group: _____

I.D. _____ Group: _____

Employer Name: _____

Employer Name: _____

Insured's Name: _____

Insured's Name: _____

(If same as Patient above write "SAME")

(If same as Patient above write "SAME")

Insured's Address: _____

Insured's Address: _____

Insured's Telephone: () _____

Insured's Telephone: () _____

Insured's DOB: ____/____/____ Sex: __M__F

Insured's DOB: ____/____/____ Sex: __M__F

INSURANCE RELEASE:

PLEASE READ AND SIGN BELOW

I hereby authorize the physician to release any information acquired in the course of medical examination or treatment, for insurance claim filing, a Photostat of the authorization shall be considered as effective and valid as the original. I request that payment of authorized Medical benefits be made to me or on my behalf to the party who accepts assignment, for any services furnished me by that supplier. I authorize any holder of medical information about me to release to the health care financing administration and its agents any information needed to determine these benefits payable for related services.

Signature: _____ Date: _____

I hereby grant permission to the Physician, Nurse Practitioner, or staff to perform those procedures and treatments that are necessary for medical care. I will assume personal and financial responsibility.

Signature: _____ Date: _____

Do you have Advance Directives? (Living Will): Yes__ No__

MEDICAL QUESTIONNAIRE

Patient's Name: _____ Birth date: ____/____/____ Age: _____

Allergies: _____
(Including: Drug, Food, Cosmetic, Tape and Chemical Allergies)

Do you smoke or chew tobacco? _____ How much? _____ Drink alcohol? _____ How much? _____

Surgeries and/or Hospitalizations:

1. _____ 3. _____

2. _____ 4. _____

FAMILY HISTORY

Name	Age	Health	Deceased/Cause
Father: _____			
Mother: _____			
Brother(s): _____			
Sister(s): _____			

PLEASE CIRCLE ALL ANSWERS

PERSONAL HEALTH PROBLEMS:

Have you ever had:

Childhood diseases	No	Yes	Chest Pain	No	Yes
Headache	No	Yes	Gall Bladder Problems	No	Yes
Seizures	No	Yes	Hepatitis	No	Yes
Vision	No	Yes	Heartburn	No	Yes
Hearing	No	Yes	Ulcers	No	Yes
Sinus	No	Yes	Bowel Disease	No	Yes
Thyroid	No	Yes	Hemorrhoids	No	Yes
Pneumonia	No	Yes	Bloody Stools	No	Yes
Asthma	No	Yes	Kidney Stones	No	Yes
Emphysema	No	Yes	Bladder Problems	No	Yes
Tuberculosis	No	Yes	Broken Bones	No	Yes
Heart Attack	No	Yes	Arthritis	No	Yes
Enlarged Heart	No	Yes	Lower Back Pain	No	Yes
Valve Disease	No	Yes	Anemia	No	Yes
Heart Murmur	No	Yes	Cancer	No	Yes
High Blood Pressure	No	Yes	Diabetes	No	Yes
Emotional Problems	No	Yes			

Financial Information

Effective May 1, 2009

Agapé Boarding School strives to deliver the best possible training, both spiritually and educationally, at the most reasonable price possible. Tuition and fees are geared to cover the regular operational expenses of the program. We urge parents and others to consider that Agape Boarding School, as a ministry of Agape Baptist Church, is exempt from federal income tax under section 501 C (3A) of the Internal Revenue Code as an organization described in section 501 C (3A); therefore, any donated cash and/or property may be deducted from the donor's federal income tax.

Tuition is \$1,600 per month, for a total of \$19,200 for a year. Tuition includes room and board. In addition, parents are responsible for enrollment fees of \$3,400 which must be paid on the date of the student's arrival.

Total amount due on student's arrival

Tuition: \$1,600.00
Enrollment
Fees: \$3,400.00
Total Due: \$5,000.00*

*This amount would be paid upon arrival. Subsequent monthly tuition payments of \$1,600 are due within 30 days of arrival and every month thereafter. Please plan for your payment to arrive no later than the due date. There is no "grace period". Late charges for chronically late payments may be assessed.

Explanation of Enrollment Fees

Enrollment: \$2,750.00 (One-Time—By Arrival)
Uniforms: \$500.00 (Annual)
Student Acct: \$150.00 (Replenished as Needed)
Total: \$3,400.00 DUE ON ARRIVAL—IN ADDITION TO TUITION