



Admissions Application K-4th Grade 2017-2018

Non-Discrimination Statement

Downtown Academy admits children of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration or its educational policies, admissions policies, scholarship and loan programs, and other school-administrated programs.

Registration for New Applicants

Applications will not be accepted without all of the following:

Do the Following

- \$25.00 Non-Refundable Application Processing Fee (applied to tuition in August)
- Attend a Scheduled School Visitation (call the school office or visit our website to schedule your visitation)

Submit the Following Documents

- Copy of Birth Certificate*
- Updated Immunization Record
- Copy of child's Social Security Card*
- One Proof of Residency in the Legal Parent/Guardian Name (Current lease/rental agreement, home purchase agreement, mortgage statement, or utility bill)
- Guardianship Paperwork (If child is adopted, in foster care, or living with someone other than a birth parent.)
- Parent's Driver's License or Picture I.D. Card

Submit the Following Completed Forms

- Authorization for Transcript Release (1st – 4rd grade applicants only)
- Application for Admission
- Media Release Consent Form
- Emergency Information Sheet
- Parent Commitment and Policies Agreement (completed at visitation)

*Copies can be made in the office.

Please note that completing an application does not guarantee acceptance to Downtown Academy.

ADMISSIONS STANDARDS, POLICIES, AND PROCEDURES

Once the completed application is submitted to the front office, the child's application will undergo a Review. A Review consists of examining all previous test scores, report cards, application, transcript and the student interview with the teacher. Previous school's and teacher's recommendations are also considered.

In addition, a parent and student interview is conducted with administration to complete the application process. The head of school or the receptionist will phone parents after the Review to inform them of the student's application status and to set up a date and time for a parent and child interview. Children are admitted to Downtown Academy on an individual basis after careful review of the above criteria.



All kindergarten applicants must be five years of age on or before September 5th of the enrolling year.

Application for Admission 2017-2018

Grade entering: K 1st 2nd 3rd 4th

Payment for Application: Ck Cash Money Order

Legal Name _____ Preferred Name: _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth ____/____/____ Age _____ Gender _____

Birthplace (city, state, country) _____

Please indicate who the child lives with: Father Mother Both Parents Guardian Other _____

Who is the legal guardian? _____

What should we know about the family? _____

Pre-K Experience (This information is required by the state for all school-age children. Please select one.)

GA Pre-K in a public school (Lottery Funded)

GA Pre-K in a private setting (Lottery Funded)

GA Private School

Other Pre-K

Head Start

Did not attend a Pre-K program

Please list all school-age (4-19) siblings living in the same household as the enrolling child:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

What two most recent Schools/Preschools/Day Cares did you child attend?

School: _____ Dates Attended: _____ Teacher Name: _____

Address: _____ Phone: _____

School: _____ Dates Attended: _____ Teacher Name: _____

Address: _____ Phone: _____

Have you or someone you know been involved with Downtown Falcons? _____ Yes _____ No

If yes, who and how? _____



Church Affiliation _____

Applicant's Name: _____
(Last) (First) (Middle)

Has your child been served any of the following programs?

(Indicating "yes" or "no" will not necessarily keep your child from enrolling at Downtown Academy.)

Speech and Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever received any special help or tutoring
Gifted/Talented	<input type="checkbox"/> Yes <input type="checkbox"/> No	... in reading? <input type="checkbox"/> Yes <input type="checkbox"/> No
("Spectrum")	<input type="checkbox"/> Yes <input type="checkbox"/> No	... in math? <input type="checkbox"/> Yes <input type="checkbox"/> No
Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever had and IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Adaptive P.E.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been sent to an administrator's office for discipline?
ESL/Bilingual Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____
Dyslexia Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been in-school suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioral Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been off-campus suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No

Has your child ever been retained? Yes No If yes, what grade level? _____

Study Habits (please check any that apply to your child)

- Completes assignments on time
- Completes assignments most of the time
- Requires supervision
- Self-motivated
- Requires occasional prodding
- Requires tutoring

Please circle your child's strengths:

- | | | | | |
|-------------|-------------|---------------|--------------|--------------|
| Helpful | Cheerful | Honest | Happy | Loyal |
| Sincere | Patient | Determined | Adventurous | Considerate |
| Cooperative | Optimistic | Curious | Funny | Athletic |
| Playful | Active | Artistic | Affectionate | Talkative |
| Smart | Courteous | Responsible | Adaptable | Enthusiastic |
| Careful | Independent | Compassionate | Dedicated | Patient |
| Peaceful | Loving | Kind | Faithful | Competitive |

Please those areas in which you believe your child needs to develop most:

- ___ **Optimistic** – gets over frustration and setbacks quickly; believes that effort will improve his/her future
- ___ **Zest** – actively participate; shows enthusiasm; invigorates others
- ___ **Grit** – finishes what he/she begins; tries very hard even after a failure; works independently with focus
- ___ **Curiosity** - explores new things; asks lots of questions to deepen understanding; actively listens to others
- ___ **Social Intelligence** – calms others down; respects the feelings of others; know how to include others
- ___ **Gratitude** – recognizes and shows appreciation for others and for opportunities
- ___ **Self-Control** – prepared; follows directions; gets right to work; is polite; keeps temper in check; calm even when provoked; allows others to speak uninterrupted



Please describe why you want to enroll your child at Downtown Academy: _____

Parent/Guardian Information

Child's Name: _____
(Last) (First) (Middle)

Please list all parents and/or legal guardians (ask for an additional form, if needed):

Mother Step-Mother Grandmother Other (specify) _____
 Father Step-Father Grandfather

Child Resides with this Parent/Guardian: Yes No Is this parent allowed contact with student: Yes No

Last Name: _____ First Name: _____

Home Telephone: (____) _____ Cellular Telephone: (____) _____

Best contact method (circle): Call Text Email

Street Address: _____ Apt/Lot #: _____

City, State, Zip: _____

Mailing Address (if different): _____

City, State, Zip: _____

Email: _____

Current Employer: _____ Occupation: _____ Years with Employer: _____

Indicate the highest level of education completed:

Some High School GED High School Graduate Some college
 2-year college graduate 4-year college graduate Masters Degree or more

Mother Step-Mother Grandmother Other (specify) _____
 Father Step-Father Grandfather

Child Resides with this Parent/Guardian: Yes No Is this parent allowed contact with student: Yes No

Last Name: _____ First Name: _____

Home Telephone: (____) _____ Cellular Telephone: (____) _____

Best contact method (circle): Call Text Email

Street Address: _____ Apt/Lot #: _____ City, State, Zip _____

Mailing Address (if different): _____ City, State, Zip: _____

Email: _____

Current Employer: _____ Occupation: _____ Years with Employer: _____



Indicate the highest level of education completed:

- Some High School GED High School Graduate Some college
 2-year college graduate 4-year college graduate Masters Degree or more

Emergency Information

Child's Name: _____

Emergency Contacts (please specify at least one):

Name	Daytime Telephone	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	Relationship to Child
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Name	Daytime Telephone	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	Relationship to Child
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Name	Daytime Telephone	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	Relationship to Child
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Name	Daytime Telephone	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	Relationship to Child
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Known Allergies: _____

Existing Medical Issues: _____

Does this child have health insurance: Yes No

If yes, which health insurance: Medicaid PeachCare Private Don't know

Transportation to and from school:

- | | | | |
|----------------------|----------------------------------|------------------------------------|-------------------------|
| Ride the bus | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | |
| Day Care Provider | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | Name of Day Care: _____ |
| Car Rider | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | |
| Walker | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | |
| After School Program | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | |

In the event of an emergency school closing, the school should:

Contact: _____

Have your child ride the bus to the designated drop-off zones

For the safety of the children, we will not dismiss this child to anyone other than a parent or guardian without permission and a photo ID. If there is a custody or family problem related to releasing a child, we ask that you notify us in writing and



attach copies of official documents. Please list the names of persons who **may** pickup this child. Make sure this child knows the persons with whom he/she should or should not leave school.



Scholarship Application

Please provide the information below to receive a scholarship proposal.

This information is strictly for administrative information and will not be shared with staff or teachers without your consent.

Child Name _____

Grade to Enter _____

Home Information

How many children (under 18) in the home? _____

How many adults, age 18-54, in the home? _____

How many adults, age 55+, in the home? _____

Household Income

Please circle the total annual household income that most accurately describes your child's situation:

\$0-14,999	\$15,000-19,999	\$20,000-24,999	\$25,000-29,999
\$30,000-39,999	\$40,000-44,999	\$45,000-49,999	\$50,000-54,999
\$55,000-59,999	\$60,000-64,999	\$65,000-69,999	\$70,000-74,999
\$75,000-79,999	\$80,000-84,999	\$85,000-89,999	\$90,000-94,999
\$95,000-99,999	\$100,000+		

Scholarships

Downtown Academy offers two scholarships to make our education affordable on any budget. Scholarships at Downtown Academy are provided through donations from individuals, corporations, churches and other organizations, and some state funded opportunities such as the Georgia GOAL Scholarship. The Downtown Academy Scholarship will be applied in addition to any other scholarship awarded.

Required Documents

You must provide Downtown Academy with a copy of your IRS Form 1040 for the previous year.

If you do not file taxes, please complete the "Income Tax Non-Filer Statement".



Parent/School Commitment

Downtown Academy is committed to the development of spiritual, social and academic excellence in our Children. True excellence can best be attained only when the parents/guardians, school, and child are committed and dedicated to that end. The level of effort and commitment of all three working together will determine each child's level of success at Downtown Academy.

The covenant outlines the key commitments between parents/guardians and Downtown Academy that are critical to each child's success. Acceptance of this covenant represents a promise between parents/guardians and Downtown Academy staff to meet the expectations listed below:

SCHOOL COMMITMENTS

- To provide Children with the experience and knowledge of the teachings of Jesus Christ.
- To provide all Children with academic, social and spiritual challenges to promote continual growth and improvement.
- To provide assistance for Children who struggle academically and provide recommendations when assistance is beyond the school's resources.
- To keep parents informed of their children's progress through frequent report cards and conferences.
- To work closely with families to further each child's academic, spiritual, personal and social development.
- To work with parents for the benefit and growth of the school community through quarterly Parent Workshop/Meetings.

PARENT COMMITMENTS

- To encourage and foster a deeper faith in the teachings of Jesus Christ.
- To ensure that Children are in school and on time every day (except in the case of serious illness) with the necessary books, completed homework, and supplies.
- To attend all Parent/Teacher conferences. If a parent is incapable of attending at designated times, the parent must call the school to arrange an alternate time.
- To attend quarterly Parent Workshop/Meetings. Parents are required to attend 2 of the parent meetings.
- To work with the school staff to promote appropriate speech, behavior and social development in each child. Close cooperation and rapid responses are particularly important when a child's behavior is not in accordance with the standards of Downtown Academy.
- To drop off Children no earlier than 7:30am, and pick up or arrange for pick up of your children after school dismissal and no later than 3:15pm. Children registered for Downtown Ministries' Afterschool Program may remain at school through the program.
- To make sure that Children are dressed in accordance with the dress code.
- To provide children with a quiet, distraction-free environment for homework and studies. This area should be free of televisions, radios, telephones, video games and young children.
- To pay tuition in a timely manner each month.

Child name: _____ Grade: _____

Parent signature: _____ Date: _____

Downtown Academy signature: _____ Date: _____



TEACHER RECOMMENDATION FORM FOR KINDERGARTEN

Child's Name _____ Teacher's Name _____

Attended _____ From _____ to _____

Dear Teacher,

The student listed above is applying for acceptance to Downtown Academy in Athens, Georgia. In order to more accurately evaluate the student's readiness for our Kindergarten, we ask that you please complete this form to the best of your knowledge. We do not schedule appointments to interview students and their families until we receive this recommendation form, so your prompt cooperation is appreciated. All information will be kept confidential. *Please return this form directly to Downtown Academy to the attention of Patrick Ennis.*

By Fax: 1-706-535-3128

By Mail: 165 Pulaski Street, Athens, GA 30601

By Email: admissions@downtownministries.org

How long have you had this student in your classroom? _____

What are the first three words that come to mind to describe this child?

1. _____ 2. _____ 3. _____

Parents are a crucial component to a student's success at Downtown Academy. Please describe the involvement of the student's parents with your school and any helpful information about your relationship with them.

If we have additional questions, may we call you? _____

If yes, please list your phone number and the best time to reach you.



Please rate the child in each area with the following scale:

- Skill is Strong** 4
- Skill is Age-Appropriate** 3
- Skill is Emerging** 2
- Skill has not Emerged** 1

<u>Skill</u>	<u>Rating</u>	<u>Comment</u>
Respects and cooperates with adults	_____	_____
Able to express needs and feelings	_____	_____
Shows self-control	_____	_____
Follows multi-step instructions	_____	_____
Respects the rights & feelings of others	_____	_____
Plays cooperatively	_____	_____
Able to care for personal needs	_____	_____
Follows activities through to completion	_____	_____
Obeys classroom rules	_____	_____
Capable of some independent activity	_____	_____
Able to handle classroom transitions	_____	_____
Participates in large group activities	_____	_____
Able to focus attention on teacher for Reasonable amount of time	_____	_____
Able to perform fine motor skills	_____	_____
Able to perform gross motor skills	_____	_____
Copes with frustration appropriately	_____	_____
Exhibits problem-solving skills	_____	_____



TEACHER RECOMMENDATION FORM FOR GRADES 1-4

Child's Name _____ Teacher's Name _____

Attended _____ From _____ to _____

Dear Teacher,

The student listed above is applying for acceptance to Downtown Academy in Athens, Georgia. In order to more accurately evaluate the student's readiness for our Kindergarten, we ask that you please complete this form to the best of your knowledge. We do not schedule appointments to interview students and their families until we receive this recommendation form, so your prompt cooperation is appreciated. All information will be kept confidential. *Please return this form directly to Downtown Academy to the attention of Patrick Ennis.*

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If yes, please list your phone number and the best time to reach you.



Please rate the child in each area with the following scale:

- Skill is Strong** 4
- Skill is Age-Appropriate** 3
- Skill is Emerging** 2
- Skill has not Emerged** 1

<u>Skill</u>	<u>Rating</u>	<u>Comment</u>
Respects and cooperates with adults	_____	_____
Obeys school rules	_____	_____
Shows self-control	_____	_____
Exhibits leadership qualities	_____	_____
Respects the rights & feelings of others	_____	_____
Works well with group of peers	_____	_____
Shows responsibility	_____	_____
Follows activities through to completion	_____	_____
Participates during lessons	_____	_____
Handles classroom transitions	_____	_____
Able to handle classroom transitions	_____	_____
Demonstrates effort	_____	_____
Solves problems independently	_____	_____
Self-motivated	_____	_____
Follows written directions	_____	_____
Copes with frustration appropriately	_____	_____
Follows verbal directions	_____	_____
Enthusiastic about school	_____	_____