



ADMISSIONS APPLICATION
K-5TH GRADE
2018-2019

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-administered 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*
- Guardianship Paperwork (If child is living with someone other than a birth parent.)
- Parent's Driver's License or Picture I.D. Card
- Copy of IRS Form 1040 for 2017 *or* Income Tax Non-Filer Statement

Submit the Following Completed Forms

- Authorization for Transcript Release (1st – 5th 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.

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 and teacher recommendations are also considered.

In addition, a parent and student interview is conducted with administration to complete the application process. Children are admitted to Downtown Academy on an individual basis after careful review of the above criteria. 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.

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



Applicant's Name:

_____ (Last) (First) (Middle)

Application for Admission 2018-2019

Grade entering (circle): **K** 1st 2nd 3rd 4th 5th

Payment for Application: Ck Cash Money Order

Applicant Name: _____ Prefers to be called: _____
First Middle Last

Address _____ County _____ City _____ Zip _____

Date of Birth ____ / ____ / ____ Age on August 1: ____ Gender: **M / F** Birthplace (city,state, country) _____

Address _____ County _____ City _____ Zip _____

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

Who is the legal guardian? _____

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: _____

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

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

School: _____ Dates Attended: _____ Teacher Name: _____

Address: _____ Phone: _____

School: _____ Dates Attended: _____ Teacher Name: _____

Address: _____ Phone: _____

Has the applicant been involved with Downtown Falcons? Yes No

If yes, please describe how:

How did you learn about Downtown Academy?

What is your 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 ("Spectrum") | <input type="checkbox"/> Yes <input type="checkbox"/> No | ... in reading? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Counseling | <input type="checkbox"/> Yes <input type="checkbox"/> No | ... in math? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Adaptive P.E. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has your child ever had an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ESL/Bilingual Program | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has your child ever been sent to an administrator's office for discipline? |
| Dyslexia Program | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ |
| Behavioral Therapy | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has your child ever been in-school suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Special Education | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has your child ever been off-campus suspended? <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, in which grade(s)? _____

Study Habits (please check all 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 indicate 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:



Applicant's Name:

(Last)

(First)

(Middle)

Parent/Guardian Information

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

Parent Name: _____

Home Telephone: () _____ - _____ Cellular Telephone: () _____ - _____

Email: _____

Street Address: _____ Apt/Lot #: _____

City, State, Zip: _____

Mailing Address (if different): _____

City, State, Zip: _____

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 Master's 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

Parent Name: _____

Home Telephone: () _____ - _____ Cellular Telephone: () _____ - _____

Email: _____

Street Address: _____ Apt/Lot #: _____

City, State, Zip: _____

Mailing Address (if different): _____

City, State, Zip: _____

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 Master's Degree or more



Applicant's Name:

(Last)

(First)

(Middle)

Emergency Information

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 |
|------|-------------------|-------------------------------|-------------------------------|-------------------------------|-----------------------|
|------|-------------------|-------------------------------|-------------------------------|-------------------------------|-----------------------|

| Name | Daytime Telephone | <input type="checkbox"/> Cell | <input type="checkbox"/> Home | <input type="checkbox"/> Work | Relationship to Child |
|------|-------------------|-------------------------------|-------------------------------|-------------------------------|-----------------------|
|------|-------------------|-------------------------------|-------------------------------|-------------------------------|-----------------------|

Known Allergies: _____

Existing Medical Issues: _____

Health Insurance Provider: _____

| Intended transportation to and from school: | (To) | (From) | |
|---|----------------------------------|------------------------------------|-------------------------|
| 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 | |

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** pick up this child. Make sure this child knows the persons with whom he/she should or should not leave school.



Applicant's Name:

_____ (Last) (First) (Middle)

Authorization for Transcript Release

Child's Legal Name: _____
Last First Middle

Child's Date of Birth: _____ Other name under which records may be listed: _____

Name and Address of Previous School Attended: _____

Date last enrolled:

Grade at time of withdrawal:

Discipline History

Is the child currently suspended or expelled from any school?

Has the child withdrawn from any school in order to avoid suspensions or expulsions?

If the answer to any of the above questions is YES, please give the reason for the suspension/expulsion and the date on which the suspension/expulsion ends or ended.

Release:

I hereby authorize the _____ School District or any private or public school in which my child previously enrolled to forward to Downtown Academy immediately all **academic, gifted, ESOL, migrant, disciplinary, psychological, health, special education, and SST records** of the above named child to the following **school address:**

Parent/Guardian Signature: _____

Parent/Guardian Current Address: _____

Parent/Guardian Current Telephone Number: _____

Downtown Academy
Attn: Admissions
165 Pulaski Street
Athens, GA 30601

Phone: 706-353-8996
Fax: 1-706-535-3128
Email: admin.dta@downtownministries.org



Applicant's Name:

(Last)

(First)

(Middle)

Scholarship Application

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? _____

How many of your children currently attend a private school? _____

Household Income

Please circle the total annual income of all contributing members of the child's house:

| | | | | |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| \$0-9,999 | \$10,000-14,999 | \$15,000-19,999 | \$20,000-24,999 | \$25,000-29,999 |
| \$30,000-34,999 | \$35,000-39,999 | \$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+ |

Adjusted Gross Income (as reported on taxes) \$ _____

Annual Child Support Received: \$ _____

Annual Worker's Compensation Received: \$ _____

Annual Allowances Received for Housing, Food, & Living Expenses: \$ _____

Other Annual Untaxed Income & Benefits: \$ _____

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

A copy of your IRS Form 1040 for the previous year (2017).

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



Applicant's Name:

(Last)

(First)

(Middle)

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 the designated drop-off time, and pick up or arrange for the pick up of your children after school dismissal. Children registered for Downtown Ministries' After-School 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:

DtA Administrator signature:

Date:



Applicant's Name:

(Last)

(First)

(Middle)

Media Release Consent

Dear Parent or Guardian:

Downtown Academy is a nonprofit educational institution designed to provide children an excellent and rigorous education at an affordable cost. This work represents a unique educational opportunity in that it functions much as a public school in its open enrollment policy, yet as a private school in its Christ-centered foundation. We are neither publicly funded nor tuition based. As a result, we rely on the generous contributions from the private sector for the daily operation of our program.

Public relations is a vital part of telling the Downtown Academy story to the public so that we can solicit and secure the needed resources. This involves promotion through the news media, publications, Facebook posts, brochures, and other printed and online media. It is therefore likely that your child will appear in photos that are taken here at the school.

Please sign the bottom of this letter granting you permission to use your child's likeness in our printed materials and publications that are used to tell others about our school. Thank you for your attention to this important matter.

Sincerely,

Patrick Ennis
Head of School

I hereby give my permission to Downtown Academy to use photos, videos, sound bites, and interviews of my child, _____, to appear in printed and digital material, publications, and related efforts to tell others about Downtown Academy.

Parent Signature:

Date:



Applicant's Name:

(Last)

(First)

(Middle)

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: admin.dta@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.



Applicant's Name:

(Last)

(First)

(Middle)

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 | _____ | _____ |



Applicant's Name:

(Last)

(First)

(Middle)

TEACHER RECOMMENDATION FORM FOR GRADES 1-5

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.*

Fax: 1-706-535-3128

Mail: 165 Pulaski Street, Athens, GA 30601

Email: admin.dta@downtownministries.org

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If we have additional questions, may we call you?

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



Applicant's Name:

(Last)

(First)

(Middle)

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 | _____ | _____ |