

EDUCATION INFORMATION

Where does the student presently attend school: _____

Address: _____

Phone: _____ Teacher: _____ Grades Attended: _____

Note: Your signature on this application authorizes the Arborbrook Director to contact the student's teacher if additional information is needed. Please initial here: _____

Learning Concerns:

Has this student ever received counseling due to personal/psychological problems? Even if the student has not received counseling, does this student have any emotional problems that we should be aware of? If so, please explain so that we can better understand this student's needs:

Has this student ever been assessed for or diagnosed with ADD, ADHD, Dyslexia, or any other learning disability? (Yes) (No) Did a specialist do this assessment? (Yes) (No) If yes, please attach a copy of this assessment. Is the student currently on an IEP? (Yes) (No)

Does this child have any obvious learning challenges, or do you suspect that this student may have a learning disability? (Yes) (No) If yes, please explain the challenges or why you suspect there may be a problem: _____

Discipline Information:

Does this child have any general behavioral problems? If yes, please explain.

Has this student ever had discipline problems at school, or has he or she ever been asked to leave a group program for behavior reasons? (Yes) (No) If yes, please explain:

Other Information:

Does the student have any social difficulties?

Has the student had any negative school experiences? If yes, please explain.

What are the student's greatest strengths (academic, social, spiritual, emotional, etc.)? _____

What are the student's greatest weaknesses (academic, social, spiritual, emotional, etc.)?

What is the greatest challenge this student's teacher may face with him or her?

How will this student be a blessing to the teachers and his or her classmates?

MEDICAL INFORMATION

Does this student have any medical needs of which the school should be aware? (Yes) (No)

If yes, please explain: _____

Does this student have any physical, emotional, or attention concerns that require special medication or limited participation in certain activities? (Yes) (No)

If yes, please explain: _____

Does this student have any allergies? (Yes) (No)

If yes, please list: _____

Please list any medications that this student takes on a regular basis: _____

Are there Prescription medications that this student will need to take during school hours?* (Yes) (No)

If yes, please list: _____

*A Prescription Medication Authorization Form must be completed and in the student's file in the Administration Office before any Prescription Medications will be administered at school. Parents will be asked to complete this form before school begins.

INFORMATION PERTAINING TO CHRISTIAN FAITH

Where does this family attend church?

Church Name: _____

Church Address: _____

Minister's Name: _____ Church Phone: _____

Are both parents members or regular attendees of the above church? (Yes) (No) If no, please explain:

Does this student attend Bible Study, Sunday School, or other church events on a regular basis? Please list the activities and involvement of the student at the family's church: _____

Testimony and spiritual background of this child's father:

Arborbrook Christian Academy
Recommendation Form

Parent's Names: _____

Name of Student Applying for Admission: _____

*Parent: Please initial your consent below and provide a stamped envelope to the person you give this recommendation form to.
Do not return this form to the school. The person you give it to will mail it to us.*

To the Pastor, Sunday School Teacher, Church Leader, School Teacher or Other Significant Adult: It is our belief that the home, the church and the school should work together to nurture and educate the child. We ask for your careful recommendation of this family and this student to help us in assessing the applicant for entrance to Arborbrook Christian Academy. This information will be treated confidentially. By initialing here, the parent(s) / guardian(s) have waived their right to read the contents herein. _____ (initials)

Please tell us who you are:

Name: _____

Address: _____

Phone Number: _____

Title / Position / Relationship with student: _____

About the Family & the Student:

1. How long and how well do you know this family and particularly this student?

2. In your judgment, in what way will this student and his or her parents make a positive contribution to Arborbrook Christian Academy?

3. To your knowledge, does this student have any behavioral issues that we should know about? If yes, please explain.

4. What positive character traits would you attribute to the members of this family?

- Mother: _____
- Father: _____
- Student: _____

5. What negative character traits would you attribute to the members of this family?

- Mother: _____
- Father: _____
- Student: _____

6. Please give any additional information that will assist us in consideration of this family and this student for admission. Please use the back of this form if needed.

Recommendation: I, _____, recommend this family and this student:

_____ without reservation _____ with reservation _____ not recommended

Thank you very much for your time. Please mail the completed recommendation form to:
Arborbrook Christian Academy 4823 Waxhaw-Indian Trail Rd. Matthews, NC 28104