



Application for Admission – Academic Year 2024-2025

Thank you for choosing to apply to Reformation Classical Academy.

Parent/Guardian 1

Name: _____
FIRST LAST

Relationship to applicant: Father ___ Mother ___ Other _____

Marital Status: _____

Address: _____

Phone: (_____) _____ - _____

Email: _____

Business Phone: (_____) _____ - _____

Place of Employment: _____ Position: _____

Business Address: _____

Parent/Guardian 2

Name: _____
FIRST LAST

Relationship to applicant: Father ___ Mother ___ Other _____

Marital Status: _____

Address (if different from above): _____

Phone: (_____) _____ - _____

Email: _____

Business Phone: (_____) _____ - _____

Place of Employment: _____ Position: _____

Business Address: _____

Current and Previous Schools

Applicant 1

Current/Most Recent School

Type of school: Homeschool ___ Public ___ Christian ___ Other: _____

School Name: _____

City: _____ State: _____ Grades Attended: _____

Previous School

Type of school: Homeschool ___ Public ___ Christian ___ Other: _____

School Name: _____

City: _____ State: _____ Grades Attended: _____

Applicant 2

Current/Most Recent School

Type of school: Homeschool ___ Public ___ Christian ___ Other: _____

School Name: _____

City: _____ State: _____ Grades Attended: _____

Previous School

Type of school: Homeschool ___ Public ___ Christian ___ Other: _____

School Name: _____

City: _____ State: _____ Grades Attended: _____

Applicant 3

Current/Most Recent School

Type of school: Homeschool ___ Public ___ Christian ___ Other: _____

School Name: _____

City: _____ State: _____ Grades Attended: _____

Previous School

Type of school: Homeschool ___ Public ___ Christian ___ Other: _____

School Name: _____

City: _____ State: _____ Grades Attended: _____

Parent Questionnaire

Church

Name of church you attend: _____

Location (city): _____ Pastor(s): _____

Attendance at corporate worship: Weekly ___ Usually ___ Occasionally ___ Rarely ___

Members: Yes ___ No ___

Are you under the spiritual authority of the elders/pastors of the above church? Yes ___ No ___

Of a different church? Yes ___ No ___ If yes, please explain: _____

Other

Have you read the school's Mission and Vision document? Yes ___ No ___

Have you read the school's Doctrinal Foundations document? Yes ___ No ___

Would you support your child being taught in accordance with the school's Mission and Vision document and its Doctrinal Foundations? Yes ___ No ___ If no, please explain: _____

Is there anything in those two documents about which you have questions or concerns?

Yes ___ No ___ If yes, please explain: _____

What do you think are the key ways parents should participate in the education of their children?

Signature

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

Please complete the remaining portion of the application below.

Academic Questionnaire

Reformation Classical Academy is not staffed to handle students with severe learning disabilities or those who have trouble behaviorally. Further elaboration may be requested in the family interview.

Applicant 1

Has the student ever been referred for academic testing or been placed in a special program for either remediation or enrichment? Yes ___ No ___ If yes, please explain: _____

Has the student ever received any other special help or tutoring? Yes ___ No ___ If yes, please explain: _____

Has the student ever repeated a grade for any reason? Yes ___ No ___ If yes, please explain: _____

Has the student received any special honors or awards for scholastic achievement? Yes ___ No ___ If yes, please explain: _____

Has the student ever been suspended or expelled from a previous school? Yes ___ No ___

If yes, please explain: _____

Has the student ever seen a counselor/ doctor/ psychiatrist for any type of social or behavioral problems such as ADHD, ADD, OCD etc.? Yes ___ No ___ If yes, please explain: _____

Has the student ever been examined or treated by a counselor/ doctor/ psychiatrist for any type of mental or learning problems such as dyslexia, etc.? Yes ___ No ___ If yes, please explain: _____

Has either the student or any member of the student's immediate family been convicted of a crime?

Yes ___ No ___ If yes, please explain: _____

Applicant 2

Has the student ever been referred for academic testing or been placed in a special program for either remediation or enrichment? Yes ___ No ___ If yes, please explain: _____

Has the student ever received any other special help or tutoring? Yes ___ No ___ If yes, please explain: _____

Has the student ever repeated a grade for any reason? Yes ___ No ___ If yes, please explain: _____

Has the student received any special honors or awards for scholastic achievement? Yes ___ No ___ If yes, please explain: _____

Has the student ever been suspended or expelled from a previous school? Yes ___ No ___

If yes, please explain: _____

Has the student ever seen a counselor/ doctor/ psychiatrist for any type of social or behavioral problems such as ADHD, ADD, OCD etc.? Yes ___ No ___ If yes, please explain: _____

Has the student ever been examined or treated by a counselor/ doctor/ psychiatrist for any type of mental or learning problems such as dyslexia, etc.? Yes ___ No ___ If yes, please explain: _____

Has either the student or any member of the student's immediate family been convicted of a crime?

Yes ___ No ___ If yes, please explain: _____

Applicant 3

Has the student ever been referred for academic testing or been placed in a special program for either remediation or enrichment? Yes ___ No ___ If yes, please explain: _____

Has the student ever received any other special help or tutoring? Yes ___ No ___ If yes, please explain: _____

Has the student ever repeated a grade for any reason? Yes ___ No ___ If yes, please explain: _____

Has the student received any special honors or awards for scholastic achievement? Yes ___ No ___ If yes, please explain: _____

Has the student ever been suspended or expelled from a previous school? Yes ___ No ___

If yes, please explain: _____

Has the student ever seen a counselor/ doctor/ psychiatrist for any type of social or behavioral problems such as ADHD, ADD, OCD etc.? Yes ___ No ___ If yes, please explain: _____

Has the student ever been examined or treated by a counselor/ doctor/ psychiatrist for any type of mental or learning problems such as dyslexia, etc.? Yes ___ No ___ If yes, please explain: _____

Has either the student or any member of the student's immediate family been convicted of a crime?

Yes ___ No ___ If yes, please explain: _____
