COMPASS ACADEMY

New Student Enrollment Packet

Student's Name_____Grade Applying For_____

Before a student can be interviewed and considered for enrollment, the following items must be submitted to Compass Academy, 225 Tilk Road, Conway, AR 72032. Or application and documents can be emailed to Courtney Williams at cwilliams.compass@gmail.com

* Application form (filled out completely)
* Most recent copy of Report Card/Transcript/Current IEP
* Most recent Comprehensive Psychological Evaluation (grades 1-12)
*Current therapy evaluations if your child receives OT/PT/Speech
* Official Transcript Request (Compass Academy will request this of current school)
*Birth Certificate
*Immunization Records
*Social Security Card
*Medicaid/TEFRA information

Once all paperwork is received, the director will contact each family and schedule an interview.

Mission Statement and Core Values

Student's Name_____ **School Year**_____

Mission Statement:

To glorify God by assisting families in the Christ-centered, biblically directed education of their children.

Core Values:

Compass has defined 8 non-negotiable principles that characterize the basic foundation of Christian Education

1. Compass believes the Bible is the inspired, authoritative and infallible Word of God and is the foundation of all truth.
(II Timothy 3:16)
2. Compass believes parents have been given the responsibility of their child's education.
(Deuteronomy 6:6-7, Ephesians 6:4)
3. Compass believes parents/students must indicate a strong desire for their child to attend and receive a Christian Education.
(Amos 3:3)
4. Compass believes students should display respect for God, respect for other authorities and respect for one another.
(Mark 12:33, Psalm 33:8)
5. Faculty, Administration and The Board set the Christian atmosphere of the school and, therefore, must strive to reflect
the character of Christ. (For example: The Fruit of the Spirit and a Servant's Heart.
(I Timothy 4:11-12)
6. Compass believes the educational experience should be one that is an academically challenging opportunity to all
students. (Colossians 3:23-24)
7. Compass requires faculty, administration and board to be readily willing to serve the Lord by serving students, parents
and one another.
(Matthew 20:28, Philippians 2:5-8)
8. Compass is committed to presenting the Gospel to all students.
(Matthew 28:19-20)

We (I) have read and agree with the Mission and Core Values of Compass Academy.

Parent / Guardian Signature:_____ Date_____
Parent / Guardian Signature:_____ Date_____

This school admits students 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 of its educational policies, admission policies, financial assistance programs and athletic and other school administered programs.

Application for Student Admission

For Office Use Only
Date Received _____
School Year_____

How did you hear of us? _____ Referred by: _____

Please print clearly-
Child's Full Name_____Sex_____
Social Security #_____Religion _____
Date of Birth_____ Age_____ Place of Birth_____
Current or Most Recent School-_____
Current grade in school or last grade completed _____

Parents' Present Marital Status: (Please circle.) Married Separated Divorced Widowed Single

Custodial Parent(s):
Mother-
Home Phone:_____Cell Phone: _____ Work Phone: _____
Home
Address:_____City_____Zip_____
Occupation/Employer-_____Age_____
Email_____
Please give a statement of your personal experience and faith in Jesus Christ
_____
_____

Father-
Home Phone:_____Cell Phone: _____ Work Phone: _____
Home
Address:_____City_____Zip_____
Occupation/Employer-_____Age_____
Email_____
Please give a statement of your personal experience and faith in Jesus Christ
_____
_____

Non--Custodial Parent(s):
Home Phone:_____Cell Phone: _____ Work Phone: _____
Home
Address:_____City_____Zip_____
Occupation/Employer-_____Age_____
Email_____
Please give a statement of your personal experience and faith in Jesus Christ
_____
_____

Name of all children in household (including ages & school attends)

_____

_____

Why do you want your child in this school?

_____

_____

_____

Medical Information:

Height_____ Weight _____

Child's

Physician:_____Phone_____Address_____

Is the child eligible for Medicaid? Y or N If yes, what is their Medicaid #_____

What is the nature of your child's disability? (please use medical/educational diagnosis)_____

_____

_____

Does your child take any medications? If yes, please list as well as how often.

_____

Has your child had any surgeries? Describe.

_____

_____

Does your child have any allergies?_____

Does your child currently receive any related services? (circle all that apply as well as note frequency)

Physical Therapy_____

Occupational Therapy_____

Speech Therapy_____

Counseling_____

PLEASE ATTACH MOST RECENT TESTING AND EDUCATIONAL RECORDS.

Speech (Please circle all that apply)

Uses signs Uses signs/words Uses a few words sometimes uses sentences

Talks in sentences No problems with speech

Hearing-(please circle all that apply)

Some trouble with hearing wears hearing aid no problem with hearing

Vision- (please circle all that apply)

Legally blind partially blind wears glasses wears contact lenses no problem with vision

Comments pertaining to speech, hearing or vision:_____

_____

_____

Physical Limitation

Does your child require any special assistance or need support to walk? (ex. AFO's, colostomy bag, wheelchair, etc.)

_____

Personal Care

Is your child toilet trained? Y or N

If not, describe any assistance needed._____

Are there any feeding problems?

_____

If so, please describe any assistance needed._____

Girls only.---Does your daughter menstruate? Y or N

If so, please describe any assistance needed?

_____

Behavior

Does your child have any known troubles, fear, disinterests or group problems? (ex. Tantrums, gets physical when upset, self-injury, likes to be in control, runs from adults, doesn't like to share, etc.) If yes, describe._____

_____

_____

Describe any behavior problems and/or other behavior related concerns:

_____

_____

Academic Skills (if applicable): Please describe strengths and weaknesses in each academic area:

Reading-

_____

Math-

_____

Writing-

_____

Is there anything else about your child you feel we should know?

_____

_____

_____

Social Skills-

How does your child interact with other children?

_____

_____

Does your child make friends easily, or do they choose to be alone?

_____

_____

Hobbies, special interests of your child:_____

_____

_____

Sensory:

Does your child have sensory needs? If so, please explain and be specific. (ex. Certain foods, music, colors, smells, textures, etc.)-

_____
_____
_____

What helps your child calm his or herself, when in sensory overload?

_____
_____
_____

Special Olympics-

Please select an athletic event that your child would enjoy participating in:

____Aquatics _____Basketball Skills _____Track and Field events

Please check one of the following:

____ my child will most likely attend during school year only & have summers off

____my child will attend year round, including summer months.

The best day of week & time for a family interview would be?_____

Signature:_____Relationship to child:_____Date:_____