



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, 1215 Sturgis Road, Conway AR 72034. Or applications and documents can be emailed to Courtney Williams at blessedmommy31@yahoo.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 (CCS 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: _____