



ADMISSIONS APPLICATION K-5TH GRADE

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 *Copies can be made in the office.

- 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 2020 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)

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, and transcript. 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 school office 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.

Application for Admission 2022-2023

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,) _____

Parent 1: Name _____ Parent 1 Primary Phone _____

Parent 2: Name _____ Parent 2 Primary Phone _____

Address _____ County _____ City _____ Zip _____

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

Who is the legal guardian? _____

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 your child attend?

School: _____ Dates Attended: _____ Teacher Name: _____

Address: _____ Phone: _____

School: _____ Dates Attended: _____ Teacher Name: _____

Address: _____ Phone: _____

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: _____

Has the applicant been involved with Downtown Falcons? Yes No

If yes, please describe how: _____

How did you learn about Downtown Academy? _____

If your family attends a local church, which one? _____

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 5 greatest strengths listed below:

- | | | | | |
|-------------|-------------|---------------|--------------|--------------|
| 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 would like to see your child grow 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 (use additional space if necessary): _____

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: () _____ - _____ Cell Phone: () _____ - _____

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

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
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Name	Daytime Telephone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Relationship to Child
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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	Name of ASP: _____

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 a 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.

	<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

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

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 (2021).

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

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: _____

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 Tara Lester.*

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.

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	_____	_____

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 academy, 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 Tara Lester.*

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- 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	_____	_____
Able to handle classroom transitions	_____	_____
Demonstrates effort	_____	_____
Solves problems independently	_____	_____
Self-motivated	_____	_____
Follows written directions	_____	_____
Copes with frustration appropriately	_____	_____
Follows verbal directions	_____	_____
Enthusiasm about school	_____	_____