Greater Destiny Prep Academy Admissions Packet



Greater Destiny Prep Academy 7465 Pitt Street Grimesland, NC 27837 252-758-2002 www.greater-destiny.org Greater Destiny Prep Academy



GREATER DESTINY PREP ACADEMY 7465 Pitt Street Grimesland, NC 27889 Phone: 252-758-2002 Fax: 252-931-0071

Changing Tomorrow....Today
Pastor: JR Guilford Superintend

Iford **Superintendent:** Jennell Reddick

Greetings!

Welcome to Greater Destiny Prep Academy, the place where students are educated in an environ- ment where the wisdom of God has preeminence! We look forward to being *laborers together with you* in guiding your child(ren) towards a life of productivity in today's global society. Our prayer is that God's ulti- mate purpose and plan for your child's life will be realized.

In this packet you will find the following items:

- Enrollment Application
- Administrator/Counselor Recommendation
- English Teacher Recommendation
- Math Teacher Recommendation
- Children's Physical Form
- Pastor's Recommendation
- Authorization to Obtain Confidential Information
- Transcript Release Form

Please review the handbook and brochures thoroughly. Return the completed application, forms, and required supporting documents to the business office with your registration fee to begin the process. Admissions testing and parent/student testing will be scheduled. The handbook should be brought with you to the interview. Please note that students entering sixth grade and higher must attend the interview. Young children should <u>not</u> be brought to the interview. Anticipate 4 to 6 weeks to complete the entire process. Time may vary based upon receipt of previous school records and all required documentation.

May the Lord continue to order your steps and be the source of your supply as you seek God's best for your family!

In Him,

Greater Destiny Prep Academy Administration

FOR OFFICE USE ONLY PHOTO Date Submitted: Registration Fee: Photo Student Records: Sponsorship Fund: Photo Immunization Records: Entrance Test: Photo: Immunization Records: Photo: Mill: Admission Acceptance: Photo: Mill: Student: Last Name: First Name: Mill: Address: City: ST: Zip: Telephone Number:) - Date of Birth: / Age: S. S. N: Place of Birth (City): (State): Student resides with: [] Both Parents [] Father [] Mother [] Guardian Father's Name: Last: First: Place of Employment: Telephone Number: (Greater Destiny Prep Academy The second seco	GREATER DESTINY PREP ACADEMY 7465 Pitt Street Grimesland, NC 27889 Phone: 252-758-2002 Fax: 252-931-0071					
Address:	Date Submitted: Student Records: August Tuition: Immunization Records:	Birth Certificate: Registration Fee: Sponsorship Fund: Entrance Test:		РНОТО			
Telephone Number:()Date of Birth:/ / Age: S. S. N.:Place of Birth (City):(State): Student resides with: [] Both Parents [] Father [] Mother [] Guardian Father's Name: Last:	Student: Last Name:	First Name:		M.I.:			
S. S. N.: Place of Birth (City): (State): Student resides with:] Both Parents [] Father [] Mother [] Guardian Father's Name: Last:	Address:	_City:	ST:	Zip:			
Student resides with: [] Both Parents [] Father [] Mother [] Guardian Father's Name: Last:	Telephone Number:()	Date of Birth:	/ /	Age:			
Father's Name: Last:	S. S. N.:	Place of Birth (City):	(State):			
Place of Employment:							
Address:							
Email address:							
Mother's Name: Last:	Address:	City:	ST:	Zip:			
Place of Employment:	Email address:						
Address: ST:ST:Zip: Email address: Person(s) responsible for handling the financial obligation for this school year if different from above: Name:							
Email address:							
Person(s) responsible for handling the financial obligation for this school year if different from above: Name: Telephone:(W)(_) (H)(_)	Address:	City:	ST:	Zip:			
Name: Telephone:(W)()(H)()	Email address:						
	Person(s) responsible for handl	ing the financial obligation for this scho	ool year if differei	nt from above:			
Address: City: ST: Zip:	Name:	Telephone:(W)()	- <u>(</u> H)()			
	Address: City: ST: Zip:						

SPIRITUAL HISTORY

According to Romans 10:9, h	as the						
Student made a conf	ession of faith in Jesus?	[] Yes	[] No		
Father made a confe	ssion of faith in Jesus?	[] Yes	[] No		
Mother made a confe	ession of faith in Jesus?	[] Yes	[] No		
Has your child ever been exp tongues?	osed to teaching on the b	aptis [m of the] Yes	e Holy Gł [nost, wit] No	h evidence of speak	ing in
Has your child received the b Acts 19:2, 6?		with Yes		e of spe] No	aking in	tongues according	to Acts 2:4 and
Are the parents tithing memb	ers of a local church?		[] Yes	[] No	
Church Name:			Pa	astor:			
	<u>SCHOO</u>	L INI	FORMA	<u>TION:</u>			
Grade to enter:Pro	evious School Attended:						
School Address:		C	ity:		S	Г: Zip:	
Please check the following if	your child has:						
[] Exhibited learning disabili	ties	[]	Abused	drugs, te	obacco	or alcohol	
[] Been diagnosed as learni	ng disabled	[]	Been ex	pelled fr	om ano	ther school	
[] Had any permanent physi	cal handicaps	[]	Been ir	volved i	n secula	ar music/dancing	
 Physical difficulties or is u which we should know al 	-	[]	Been a	disciplin	e proble	m	
Is there any additional inform	ation the school needs to	be a	ware of	relative t	o your c	child's well being or p	performance?
Does your child have any foo	d or other type of allergies	s?	Ye	s	No		
Please list any/all allergies: _							
Name and grades of other ch	ildren enrolling/enrolled a	t GD	PA:				
<u>1. Name:</u>	Grade:	_3. N	ame:			Grade:	
2. Name:	Grade:	4. N	lame:			Grade:	

EMERGENCY/MEDICAL INFORMATION

Should an emergency occur and the parents cannot be reached, please contact the following people (local telephone number only):

1. Name:	Telephone number:()
2. Name:	Telephone number:()
Name of Student's Physician:		
Telephone number: ()		
Name of Student's Dentist:		
Telephone number: ()		
I agree that the operator may authorize the physician of the I nor the family physician can be contacted immed		e emergency care in the event that nei-
Parent Signature:	Date:	
I, as the operator, do agree to provide transportation situation; other children in the facility will be supervise cation without specific instructions from the physician will be made for adequate and appropriate rest and ou	ed by a responsible adult. or the child's parent, gua	. I will not administer any drug or medi
Operator Signature:	Date:	
<u>AUTHORIZE</u> Person(s) authorized by parent to pick-up student from	D PICK-UP PERSON(S)	
1. Name:	_ Telephone number:()
2. Name:	_ Telephone number:()
3. Name:	_ Telephone number:()
Parent's Signature:	Date:	

To help us minister effectively to your child, please inform us of any changes to be made on this application during the school year.

Please read entirely and initial each section

FINANCIAL INFORMATION

Registration Fees:

Registration fees reserve the student a place on the class list. Payment of these fees are due when students are enrolled for classes. **This fee is non-refundable and non-transferrable.** If denied acceptance, 50% of the fee will be refunded.

Initial:

Tuition:

Tuition can be paid in full for the year, for a semester or monthly. Monthly tuition payments are due the first of each month beginning June 1st and ending March 1st. Payments not received by the 3rd of the month will be subject to a 20% late fee per student. All checks should be made payable to Greater Destiny Prep Academy. Parents are expected to mail or bring tuition payments directly to the office. <u>Students are not to handle tuition payments</u>.

Initial:

STUDENT ACCEPTANCE

The selection of students will be based upon interviews with the administration and the submission of all fees and forms.

Initial:

IMMUNIZATIONS

State laws require that all schools have records of immunization for each student. No student will be accepted or allowed to attend Greater Destiny Prep Academy until immunization records are complete.

Initial:

NOTICE OF NON-DISCRIMINATORY POLICY

Greater Destiny Prep Academy, admits students of any race, color, national and ethnic origin, to all rights, privileges, programs and activities 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 education policies, admission policies, scholarships, and other school programs.

Initial:



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ADMINISTRATOR-COUNSELOR RECOMMENDATION

To Applicant:

Please complete this section and deliver this form to your principal or guidance counselor along with the Transcript Request Form and Teacher Recommendation Forms. The person making the recommendation will forward those completed forms directly to the academy. Recommendations become the confidential property of Greater Destiny Prep Academy and are not subject to applicant or parental review.

Student's name	Current grade level		
Date	Current administrator or counselor's name		
Name of current school			
School address	City	State	Zip
School phone	Fax	County	
Signature of parent		Date	

To be filled out by Adm	inistrator
-------------------------	------------

	Exceptional	Above Average	Average	Below Average	Poor
Academic performance	5	4	3	2	1
Academic ability	5	4	3	2	1
Conduct	5	4	3	2	1
Extra-curricular performan	ce 5	4	3	2	1
Integrity	5	4	3	2	1
Leadership potential	5	4	3	2	1
Motivation	5	4	3	2	1
Respect for authority	5	4	3	2	1
Self-confidence	5	4	3	2	1
Self-discipline	5	4	3	2	1

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In what capacity and for how long have you known this student?
Comment on the student's overall attitude toward school.
Has this student been subject to any serious disciplinary actions? If yes, please explain
Are you aware of any history of involvement that this student has with alcohol or drugs?
Provide a candid depiction of the student's character.
Is there any evidence of a learning disability or have specific modifications been made to enable the student to meet academi c re- quirements? YesNoIf yes, please explain.
If the above question was answered "Yes", do you feel that the student would be successful in a regular classroom setting at this time? YesNo Additional comments:
Thank you for your assistance in evaluating this student. Date Signature of administrator-counselor

Greater Destiny Prep Academy



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ENGLISH TEACHER RECOMMENDATION

To Applicant:

Please complete this section and deliver this form to your English teacher. The person making the recommendation will forward this completed form to the administrator or guidance counselor who will mail it directly to the academy. Recommendations become the confidential property of Greater Destiny Prep Academy and are not subject to applicant or parental review.

Student's name			<u>Current</u>	grade level
Date	_Current administrator or counse	lor's name		
Name of current school				
School address		City	State	Zip
School phone	Fax	Co	unty	
•				
	To be filled out I	by English teache		
Provide the name of the course	and textbooks used in the course			
Describe the applicant's strengt	hs in English			
Describe any perceived weakne	esses in English			
Does the student possess	proficient comprehension and	usage of basic gra	ammar concepts? If no	t, please explain.
Describe applicant's knowledge	of literary concepts.			
To what extent does this application	ant contribute to class discussions	\$?		
Eagerly	Occasionally	Seldom	Never	
746	5 Pitt Street Grimesland, NC 278	37 * 252-258-2002	* Fax 252-931-0071	

Recommendation as a student	Exceptional	Good	Average	Poor	
1. Academic achievement	4	3	2	1	
2. Academic potential	4	3	2	1	
3. Attitude toward teachers	4	3	2	1	
4. Written expression	4	3	2	1	
5. Integrity	4	3	2	1	
6. Reaction to criticism	4	3	2	1	
7. Responsibility and promptness	4	3	2	1	
8. Oral expression	4	3	2	1	
9. Reading skill (fluency and comprehensic	on) 4	3	2	1	
10. Work ethic	4	3	2	1	

Recommendations as a person	Exceptional	Good	Average	Poor
1. Dependability	4	3	2	1
2. Emotional stability	4	3	2	1
3. Honesty and trustworthiness	4	3	2	1
4. Initiative	4	3	2	1
5. Leadership potential	4	3	2	1
6. Maturity	4	3	2	1
7. Peer compatibility	4	3	2	1
8. Personal appearance	4	3	2	1
9. Spirit of cooperation	4	3	2	1
10. Warmth of personality	4	3	2	1
Would you recommend this student for	Honor's or AP English?	If so, v	which one?	

Additional comments:

Thank you for your assistance in evaluating this student.

Date_____

Signature _____

Greater Destiny Prep Academy



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Math Teacher Recommendation

To Applicant:

Please complete this section and deliver this form to your math teacher. The person making the recommendation will forward this completed form to the administrator or guidance counselor who will mail it directly to the academy. Recommendations become the confidential property of Greater Destiny Prep Academy and are not subject to applicant or parental review.

DateCu					
School address		City			
		Oity	Sta	te <u></u> Zi	p
School phone	Fax		County		
Signature of parent					
		ut by math teach			
Provide the name of the course and	d textbooks used in the cours	se			
Describe the applicant's strengths i	n math				
Describe any perceived weaknesse	es in math.				
Does the student possess proficien	t problem solving skills? If no	ot, please explain.			
Describe applicant's knowledge of a	advanced mathematical conc	cepts.			
To what extent does this applicant of	contribute to class discussion	ns?			
Eagerly	Occasionally	Seldom	Never		
	itt Street Grimesland, NC 27	7837 * 252-258-20	02 * Fax 252-931-0	0071	

Recommendation as a student	Exceptional	Good	Average	Poor	
1. Academic achievement	4	3	2	1	
2. Academic potential	4	3	2	1	
3. Attitude toward teachers	4	3	2	1	
4. Written expression	4	3	2	1	
5. Integrity	4	3	2	1	
6. Reaction to criticism	4	3	2	1	
7. Responsibility and promptness	4	3	2	1	
8. Oral expression	4	3	2	1	
9. Reading skill (fluency and comprehensic	n) 4	3	2	1	
10. Work ethic	4	3	2	1	
11. Mathematics skill	4	3	2	1	

Recommendations as a person	Exceptional	Good	Average	Poor
1. Dependability	4	3	2	1
2. Emotional stability	4	3	2	1
3. Honesty and trustworthiness	4	3	2	1
4. Initiative	4	3	2	1
5. Leadership potential	4	3	2	1
6. Maturity	4	3	2	1
7. Peer compatibility	4	3	2	1
8. Personal appearance	4	3	2	1
9. Spirit of cooperation	4	3	2	1
10. Warmth of personality	4	3	2	1

Recommendation for level of math:

 Algebra I
 Geometry
 Algebra II
 Algebra III/Trigonometry
 Pre-calculus
 Calculus
 Other

Thank you for your assistance in evaluating this student.

Date_____

Signature

Children's Physical Form

Name o	f Child f Parent/Guardian		_Age	Birth Da	te		
Address	of Parent/Guardian						
Address		(S	Street)				
(City)		(State)		(Zip)			
Ā.	MEDICAL HISTORY (May be con	npleted by paren	nt)				
1.	Previous hospitalization: Yes	No If so, wha	t?				
2.	Is child allergic to anything: Yes No	If so, what?					
3.	Any previous diseases or illness: Yes	sNo If so	o, what?				
4.	Any operations: Yes]	No	_If so, what	t?			
5.	Is child allergic to anything: Yes No Any previous diseases or illness: Yes Any operations: Yes Any physical handicaps: Yes			f so, please desc	ribe:		
6.	Is child under care of a doctor: Yes_	No					
7.	Any history of mental retardation: Ye	es No					
8.	Any history of mental retardation: Ye Any history of convulsions: Yes	No					
9.	Any history of diabetes in family: Ye	s No					
10.	Any history of heart trouble: Yes	No					
				(Parent'	s Signature)		
Weight_ Chest	authorized agent who is currently app Height	•				GU	
Ext.							
Neurolo	gical System						
Teeth	gical System SkinHead	Eyes	E	lars			
Results	of Tuberculin Test, if given:						
	(1ype)		(Ittosuits)			
Should	activities be limited?						
Recom	nendations:						
(Signatu currentl	re of physician or authorized agent why y approved by the NC Board of Medic	no is al Examiners)	_	Date of I	Examination		
Office A	Address		_	Telephor	ne Number		
Ċ.	IMMUNIZATION HISTORY : The 90 (B) requires all educational facilit	e day care operaties to have this i	tion must en	ter the date each on file.	n immunizatio	n was received	. G.S. 130-
	VACCINE	DATE	DATE	DATE	DATE	DATE	
	*DPT		1				-
	Tdor Tetanus						\neg
	*Polio, oral						
	*Rubeola (measles) 1						
	Mumps						
	*Rubella (German Measles)						
	MMR						_

Required by State law. I.G.S. 130-87 (b) requires measles vaccine to be given on or after the first birthday.

Greater Destiny Prep Academy Pastor Recommendation

Greater Destiny Prep Academy was originally established with the congregation of **Deeper Life Ministries** in mind. Our goal is to assist Christian parents in the guidance of their children to- wards a productive life in society; to be an extension of a Christian home; to provide a quality academic pro- gram that will equip the students for higher learning. Our doors have been open, not only to the members of **Deeper Life Ministries**, but to other parents as well. As our population of registrants broadens, we are requesting that each registrant secure a reference from their pastor to vouch for their Christian character and integrity. According to Amos 3:3, two cannot walk together, except they agree. Too many people profess one thing for admittance, but demonstrate otherwise once enrolled.

To be completed by applicant:

Member Name:	
Name of Church:	
Pastor:	Church #:

To be completed by pastor:

Pastor, we are asking that you take a moment to complete this form which will aid us in our decision making process for prospective students. Your signature and comments are welcomed. Thank you in advance for your cooperation.

1. Are both parents members of you Number of years under your			No
2. Are they members in good stand	ing, known by you?	Yes	No
 Are they actively involved in you If so, in what capacity? 	r local ministry?		
4. Do they consistently display Chri	stian character in their	r conduct and o Yes	
5. Are they submitted under the g	guidelines of the minis	try?Yes	No
6. Have they been involved with or	caused any conflicts v	vithin the minis Yes	try? No <u> </u>
7. Are they debaters or quarrelers?		Yes	No
8. Are their children involved in your	th ministry?	Yes	No
Comments:			
Note: Please return completed form to:	Attn: Tausha Guilford Greater Destiny Prep Ac 7465 Pitt Street Grimesland, NC 27837	cademy	

Pastor's Signature

Date

Greater Destiny Prep Academy 7465 Pitt Street Grimesland, NC 27837 Phone: (252) 758-2002 Fax: (252) 931-0071

AUTHORIZATION TO OBTAIN CONFIDENTIAL INFORMATION

TO:					Date:	
	Agency/So	Agency/School Name				
	Address					
	City		State	Zip Code		
You	are hereby a	uthorized to rel	ease confident	ial information of	on the fo	llowing child:
	-			1	/	-
Last	Name	First	M.I.	Birthdat	e	Former School
Scho Great 7465	ol Records D ter Destiny P Pitt Street esland, NC	ay be forwarded t Dept. Trep Academy	0:			
	rds to be rele cademic Reco pecial Educat		[] Standardiz [] Medical Re	zed Test Scores ecords	[[] Psychological Assessment] Other:
	also agree to t Academy.	he release of any	third party informa	tion in my child's li	fe to Grea	ter Destiny Prep
Reas	on(s) for rel Educational F	ease: Planning Purpose	es [] Other:			
l und	erstand and	agree to the abo	ve statement.			
Signa	ature of Pare	nt/Legal Guardia	n		Da	ate
		e third party infor party information;		ested from the or	iginal sou	urce.
		DESTINY PREP				
				State:		Zip Code:
Phon	e #:					

TRANSCRIPT RELEASE FORM

Allow 7 days for processing

Date of Request:

Please complete this release form and return it to the GDPA office:

Name	
Social Security #	
Date of Birth	/ /
Phone Number	() -
Street Address	
City/State	
Zip	

Please mail an Official Transcript to:

College/Person/Place	
Department	
Street Address	
City/State/Zip	
Fax Phone	

College/Person/Place	
Department	
Street Address	
City/State/Zip	
Fax Phone	

I authorize GDPA to release my transcripts as noted above:

Parent/Student Signature:		Date:
School Official Signature:		Date:
Date sent:	Initials:	