

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



Changing Tomorrow... Today

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

Pastor: JR Guilford Superintendent: Jennell Reddick

Greetings!

Welcome to Greater Destiny Prep Academy, the place where students are educated in an environment 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 ultimate 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 not 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



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

Enrollment Application

FOR OFFICE USE ONLY

Date Submitted: _____	Birth Certificate: _____	PHOTO
Student Records: _____	Registration Fee: _____	
August Tuition: _____	Sponsorship Fund: _____	
Immunization Records: _____	Entrance Test: _____	
Admission Acceptance: _____	Photo: _____	

Student: Last Name: _____ First Name: _____ M.I.: _____
 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: () _____ - _____
 Address: _____ City: _____ ST: _____ Zip: _____
 Email address: _____

Mother's Name: Last: _____ First: _____
 Place of Employment: _____ Telephone Number: () _____ - _____
 Address: _____ City: _____ ST: _____ Zip: _____
 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: _____

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 his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Parent Signature: _____ Date: _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency situation; other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Operator Signature: _____ Date: _____

AUTHORIZED PICK-UP PERSON(S)

Person(s) authorized by parent to pick-up student from school:

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. **Students are not to handle tuition payments.**

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: _____



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 Administrator

	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 performance	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



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? _____

If yes, please explain. _____

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 academic requirements? Yes _____ No _____ If 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? Yes _____ No _____

Additional comments:

Thank you for your assistance in evaluating this student.

Date _____ Signature of administrator-counselor _____



Greater Destiny Prep Academy



Changing Tomorrow... Today

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 _____ 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 English teacher

Provide the name of the course and textbooks used in the course. _____

Describe the applicant's strengths in English. _____

Describe any perceived weaknesses in English. _____

Does the student possess proficient comprehension and usage of basic grammar concepts? If not, please explain.

Describe applicant's knowledge of literary concepts. _____

To what extent does this applicant contribute to class discussions?

Eagerly _____

Occasionally _____

Seldom _____

Never _____

7465 Pitt Street Grimesland, NC 27837 * 252-258-2002 * Fax 252-931-0071



<u>Recommendation as a student</u>	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 comprehension)	4	3	2	1
10. Work ethic	4	3	2	1

<u>Recommendations as a person</u>	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, which one? _____

Additional comments:

Thank you for your assistance in evaluating this student.

Date _____ Signature _____





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.

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 math teacher

Provide the name of the course and textbooks used in the course. _____

Describe the applicant's strengths in math. _____

Describe any perceived weaknesses in math. _____

Does the student possess proficient problem solving skills? If not, please explain. _____

Describe applicant's knowledge of advanced mathematical concepts. _____

To what extent does this applicant contribute to class discussions?

Eagerly _____ Occasionally _____ Seldom _____ Never _____



<u>Recommendation as a student</u>	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 comprehension)	4	3	2	1
10. Work ethic	4	3	2	1
11. Mathematics skill	4	3	2	1

<u>Recommendations as a person</u>	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 _____



**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 towards a productive life in society; to be an extension of a Christian home; to provide a quality academic program 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 your congregation? Yes ____ No ____
Number of years under your leadership: _____
2. Are they members in good standing, known by you? Yes ____ No ____
3. Are they **actively** involved in your local ministry? Yes ____ No ____
If so, in what capacity? _____
4. Do they consistently display Christian character in their conduct and communication?
Yes ____ No ____
5. Are they submitted under the guidelines of the ministry? Yes ____ No ____
6. Have they been involved with or caused any conflicts within the ministry?
Yes ____ No ____
7. Are they debaters or quarrelers? Yes ____ No ____
8. Are their children involved in youth ministry? Yes ____ No ____

Comments:

Note: Please return completed form to: **Attn: Tausha Guilford**
Greater Destiny Prep Academy
7465 Pitt Street
Grimesland, NC 27837

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/School Name

Address

City State Zip Code

You are hereby authorized to release confidential information on the following child:

_____/_____/_____
Last Name First M.I. Birthdate Former School

These records may be forwarded to:
School Records Dept.
Greater Destiny Prep Academy
7465 Pitt Street
Grimesland, NC
27837

Records to be released:

Academic Records Standardized Test Scores Psychological Assessment
 Special Education Records Medical Records Other:

I also agree to the release of any third party information in my child's life to Greater Destiny Prep Academy.

Reason(s) for release:

Educational Planning Purposes Other: _____

I understand and agree to the above statement.

Signature of Parent/Legal Guardian Date

We do not have third party information.

We have third party information; should be requested from the original source.

FOR GREATER DESTINY PREP ACADEMY USE ONLY:

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

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: _____