



Student Application 2018/2019

Name of Student: _____

Mother's Name: _____

Father's Name: _____

Address: _____

_____ ZIP _____

Phone: _____

Mother's cell phone: _____ Father's cell: _____

Email address: _____

Date of Birth: _____ Age: _____ Grade level: _____

Church Affiliation: _____

Upon enrollment can we include the above information in a school directory?

☐ Yes

☐ No

Please answer the following questions that best describe your student's education so far.

My student has been home schooled exclusively.

☐ Yes

☐ No

If yes, list the curriculum used in the past:

Number of Years Home schooling: _____

To help us accurately assess your student and make placement decisions, please provide a copy of the following documents:

- ☐ A copy of your child's report card or school transcript
- ☐ A copy of your student's last math test for the current grade level
- ☐ A copy of the last spelling test
- ☐ A recent writing sample:
 - 3-5 sentences for first through second grade
 - 5-10 sentence paragraph for third through fifth grade
 - 1 page writing assignment (on any topic) for sixth through twelfth grade
- ☐ Two (2) "Teacher" recommendation forms to be completed by family friends or instructors who have worked with your child in various settings.
- ☐ Please submit the attached "CONFIDENTIAL Principal/Counselor Recommendation Form" and the "CONFIDENTIAL Teacher Recommendation Form" (both found at the end of this document)

If no, please explain where your student has been attending most recently.

Please explain your reasons for changing academic settings:

What grade level was your student enrolled in at his or her most recent school?

Why have you chosen home-education for your student?

Mosaic Academy is a partnership with the parents and attendance and participation requires parent availability three days a week for supervision and assistance in completing homework assignments. Does the family schedule allow for this level of time commitment?

☐ Yes

☐ No

If no, please explain:

Are there any special needs or circumstances that would affect your student's classroom behavior and participation?

☐ Yes

☐ No

If yes, please explain:

If yes, please explain how you help your student manage his or her behavior to participate in classroom learning:

Is your student currently taking any prescription medication?

☐ Yes

☐ No

If yes, please explain.

Has your student participated in any standardized testing in the past school year?

- ☐ Yes (Please provide a copy of results if available)
☐ No

Has your student participated in an educational classroom setting before?

- ☐ Yes
☐ No

If yes, please explain the setting:

Do you know your child's learning style?

What are your student's personal strengths?

List some specific character qualities that you desire to see your student develop, deepen, or improve:

Kindergarten Students: Is your student reading yet?

- ☐ Yes
☐ No

Kindergarten Students: Please explain what pre-reading skills they have acquired:

Mosaic Academy is a Christian school. We challenge students to deepen their personal relationship with God. Please tell about your student's current understanding of the need for a relationship with Jesus Christ.

Is your family currently active in a local church?

- ☐ Yes
☐ No

If yes, please tell where, and briefly detail your family's level of involvement:

If no, please explain:

Please feel free to add additional pages if there is other information that would assist us in evaluating your student's admission to Mosaic Academy. All information contained on this application is confidential and will not be shared with anyone outside of Mosaic Academy Staff.

By submitting this application we are committing to participate in one academic school year at Mosaic Academy. We understand that our materials fees are not refundable. We also recognize that should we withdraw our student's application from the program prior to the start of the school year, refunds will be given based on the withdrawal policies as stated in the handbook and online.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Refund policy can be viewed at: <http://www.mosaicacademyfw.org/faq.php>

Teacher Recommendation Form 1:

Student's Name: _____

Please list a couple of character traits that would give us insight into the personality of this student:

Do you know of an area where this student would benefit from more focused individualized instruction, or tutoring? _____

Do you have any additional comments that would help us in determining whether or not our program would be a good fit for this student?

How long have you known this applicant? _____

Your Name: _____ Position: _____

Phone: _____

Name of School: _____

Teacher Recommendation Form 2:

Student's Name: _____

Please list a couple of character traits that would give us insight into the personality of this student:

Do you know of an area where this student would benefit from more focused individualized instruction, or tutoring? _____

Do you have any additional comments that would help us in determining whether or not our program would be a good fit for this student?

How long have you known this applicant? _____

Your Name: _____ Position: _____

Phone: _____

Name of School: _____

Referral Survey

How did you hear about us at Mosaic Academy?

- ☐ Website
- ☐ Facebook
- ☐ Magazine
- ☐ Conference
- ☐ Book Fair (Which one? _____)
- ☐ Instagram
- ☐ Word of Mouth
- ☐ Other: _____

Who referred you to us? _____

