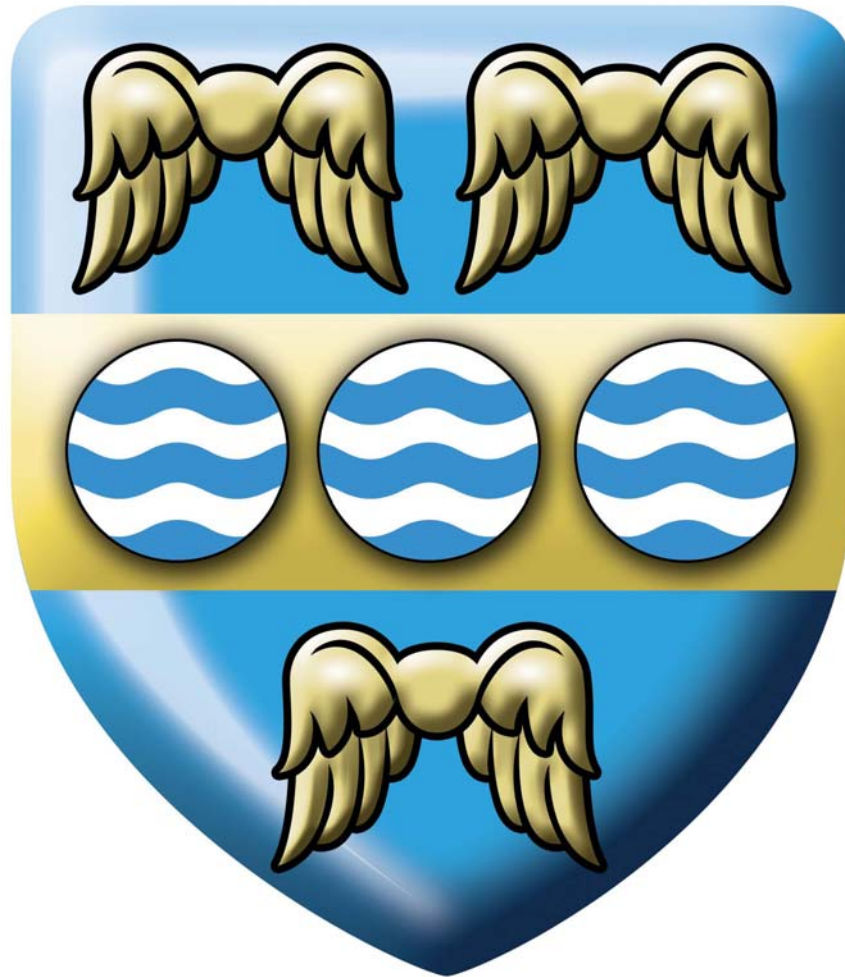


# ADMISSION APPLICATION



## ALL ANGELS ACADEMY

1801 Ludlam Road

Miami Springs, Florida 33166

Office # 305-888-9483

Fax # 305-885-3887

Email address: [jdiaz@allangelsacademy.org](mailto:jdiaz@allangelsacademy.org)

For more information, visit our website at:

[www.allangelsacademy.org](http://www.allangelsacademy.org)



# ALL ANGELS ACADEMY ADMISSIONS PROCESS CHECKLIST

DEVELOPING THE WHOLE CHILD BY CHALLENGING THE MIND AND NOURISHING THE SPIRIT IN A DIVERSE COMMUNITY GUIDED BY CHRISTIAN VALUES.

THE FOLLOWING IS REQUIRED TO COMPLETE YOUR ADMISSIONS PROCESS:

- ❑ Completed application, with accompanying \$30 non-refundable fee.
- ❑ Health forms and a copy of student's birth certificate
- ❑ Student Testing, please call for an appointment.
- ❑ Student Visit, please call for an appointment.
- ❑ Student Report Cards and Standardized Test Scores
- ❑ Student Questionnaire is to be completed and handwritten by applicant in blue or black ink.
- ❑ Transcript Release Form is to be signed by the parents and returned to All Angels Academy with other enrollment forms.
- ❑ Teacher Recommendation Form is to be completed by the applicant's last teacher(s) and mailed directly to All Angels Academy.
- ❑ Administrative Recommendation Form is to be completed by a member of the Administration of the applicant's previous school and mailed directly to All Angels Academy.
- ❑ Personal Recommendation Form is to be completed and mailed directly to All Angels Academy..
- ❑ Parent Visit / Interview, please call for an appointment.

The Admissions Committee endeavors to enroll qualified students from diverse backgrounds who can benefit from the challenges of an All Angels' education.

All completed applications are reviewed by the Admissions Committee to determine whether the student and All Angels Academy are an appropriate match. Notification of the decision is mailed to the parents. (Please refer to the Admissions calendar for the applicable notification dates.) In the event, a student meets the admission criteria but no space is available, the student will be offered the option of placement in a waitpool. Preference is given to the siblings.

THE FOLLOWING FACTORS ARE CONSIDERED FOR ADMISSION TO ALL ANGELS ACADEMY

- The applicant's developmental readiness and/or level of academic achievement
- Evidence of the applicant's potential for success in a rigorous academic program
- Evaluation of the applicant's personal qualities and the potential contribution the applicant will make to the school community
- Evidence of parental cooperation and support

# ALL ANGELS ACADEMY

1801 LUDLAM ROAD,  
MIAMI SPRINGS 33166  
OFFICE #: 305-888-9483  
FAX #: 305-885-3887

WEBSITE: WWW.ALLANGELSACADEMY.ORG



## ENROLLMENT INFORMATION

Academic Year 20\_\_ to 20\_\_ Grade Applying For \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_ Sex \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_  
*Street City State Zip*

Telephone (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Name by which applicant is called \_\_\_\_\_

Applicant lives with (check any that apply): \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Step-Father \_\_\_\_\_ Step-Mother  
\_\_\_\_\_ Other (identify) \_\_\_\_\_

Please check any that apply:

\_\_\_\_\_ Father deceased \_\_\_\_\_ Mother deceased \_\_\_\_\_ Parents divorced \_\_\_\_\_ Parents separated

Who has legal custody? \_\_\_\_\_

Financial responsibility for student will be assumed by \_\_\_\_\_

Social Security Number of responsible party: \_\_\_\_\_

Father's Full Name

Mother's Full Name

\_\_\_\_\_  
Home Address (if different from above)

\_\_\_\_\_  
Home Address (if different from above)

\_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
Phone \_\_\_\_\_

Name used \_\_\_\_\_

Name used \_\_\_\_\_

Nature of work; position \_\_\_\_\_

Nature of work; position \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Business telephone \_\_\_\_\_

Business telephone \_\_\_\_\_

Cell number \_\_\_\_\_

Cell number \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_

ALL ANGELS ACADEMY ❖ ENROLLMENT (PAGE 2)

Names and ages of siblings \_\_\_\_\_

Relatives who are now or have previously attended All Angels \_\_\_\_\_

Applicant's present school \_\_\_\_\_

*Name*

*Address*

Number of years at present school \_\_\_\_\_ Present grade \_\_\_\_\_ Rising Grade \_\_\_\_\_

Have you applied for admission in previous years? Yes \_\_\_ No \_\_\_

Has the applicant previously been enrolled at All Angels? Yes \_\_\_ No \_\_\_

Will student require after school care? Yes \_\_\_ No \_\_\_

Does student have financial assistance? Yes \_\_\_ No \_\_\_

Please designate: \_\_\_\_\_

**Other Information:**

Has the applicant ever attended a school or program designed for students who have special academic or other needs (e.g., programs for the gifted, special learning, etc.)? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any physical, emotional, or health problems of which we should be aware? (This may include special diets, allergies, prescriptions, counseling, or limitations on normal activities.) If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Has applicant ever been suspended, expelled, or withdrawn from any school for any reason? If so, please explain (including the name of the school, year, and contact person for further inquiry.)

\_\_\_\_\_  
\_\_\_\_\_

How did you become interested in All Angels Academy? \_\_\_\_\_

\_\_\_\_\_

*All Angels Academy admits student's of any race, color, national, or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. All Angels Academy does not discriminate on a basis of race, color, national, or ethnic origin in the administration of its educational or admissions policies, scholarship, athletic, or other school-administered programs. If a student is accepted and enrolled, parents agree to abide by all financial, academic, and disciplinary policies of the school as stated in the Student/Parent Handbook.*

\_\_\_\_\_  
*Signature of Parent*

\_\_\_\_\_  
*Signature of Parent*

\_\_\_\_\_  
*Date*

**EMERGENCY INFORMATION**

Other person(s) responsible for child to be notified in case of emergency if parents cannot be reached:

Name and Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name and Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Other person(s) authorized to pick up child from school:

Name and Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name and Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**HRS 10M-1203 CHILD DISCIPLINE** (Applies to all grade levels)

All Angels Academy will use age-appropriate, constructive disciplinary practices for the children in our care. Discipline will be administered with love and shall never be in any form a physical punishment, humiliating or frightening,

**ENROLLMENT FORM (Supplement)** (Applies to Pre-K through Kindergarten only)

Section 1 OM-1 2.008(2) f.a.c. requires that parents must receive a copy of the child care facility brochure "KNOW YOUR CHILD'S DAY CARE CENTER." The parents or legal guardian's signature verifies receipt of the brochure. **(Brochure will be given once registration is complete.)**

I _____ have received a copy of the childcare facility brochure referenced above.	
_____	_____
<i>Signature</i>	<i>Date</i>

# ALL ANGELS ACADEMY



## STUDENT QUESTIONNAIRE

*To be completed by all students applying for grades 4 through 8.*

Name of Student: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

To help All Angels Academy learn more about you, your interests, and your abilities, we ask that you answer the following questions in your own handwriting (pen or pencil). Please answer all questions on this form and use additional paper if you need more space.

1. What extracurricular activities, such as art, music, and sports, in or out of school are the most important to you?
  
  
  
  
  
  
  
  
  
  
2. If you have received any special recognition or awards for performance or service in any area, please describe. Include any offices or positions of responsibility you may have held.
  
  
  
  
  
  
  
  
  
  
3. Which academic subjects interest you most?
  
  
  
  
  
  
  
  
  
  
4. Which academic subjects interest you least?
  
  
  
  
  
  
  
  
  
  
5. Please answer ONE of the following essay questions. The essay need not be long. One page is sufficient. Attach your essay to this form.
  1. Describe a person whom you admire and consider your hero or heroine.
  2. What has been the most difficult challenge of your life so far?
  3. What do you think you could contribute to All Angels Academy?
  4. What do you consider to be your greatest strength as an individual?
  5. What book has had the most influence on your life and why?



# ALL ANGELS ACADEMY



## TRANSCRIPT RELEASE FORM

Name of Student: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

To the Parent/Guardian:

Please fill in your child's name and submit this form to his/her current school's Principal, Director, Headmaster, Guidance Counselor, or the person responsible for forwarding copies of school records.

To \_\_\_\_\_  
*Current School's Name*

I, \_\_\_\_\_, hereby authorize and request that you send copies of the following information directly to All Angels Academy:

1. Official transcript of Grades
2. Grades for most recent quarter(s)
3. Any and all standardized test scores
4. Results of any individual testing on record
5. Descriptions of any special services administered to this student

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Please mail records to:

**ALL ANGELS ACADEMY  
ATTN: ADMISSIONS  
1801 LUDLAM ROAD  
MIAMI SPRINGS, FL 33166**



**ALL ANGELS ACADEMY**  
**TEACHER RECOMMENDATION FORM**  
**GRADES 1 – 8**

Name of Student: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

The student named above has applied for admission at All Angels Academy. The admission committee would greatly appreciate your thoughtful response to this evaluation form. Your comments will be instrumental in our decision making process. We are grateful to you for candidly sharing your thoughts with us. Please know that all recommendations are handled as confidential.

**To be Complete by Teacher:**

	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
Academic Potential					
Academic Achievement					
Study Habits					
Attendance					
Responsibility					
Class Participation					
Conduct					
Cooperation with Peers					
Integrity					
Initiative					
Oral Expression					
Written Expression					
Reading Comprehension					
Math Computation					
Math Concepts					
Sense of Humor					
Respect for Faculty					

We would appreciate additional comments and observations concerning strengths, weaknesses, or special concerns. We welcome any information that you think would be helpful.

\_\_\_\_\_

\_\_\_\_\_

Please return this recommendation directly to All Angels Academy.  
 Thank you for your consideration.

Teacher's Name \_\_\_\_\_ Date \_\_\_\_\_

Subject(s) Taught \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ Phone \_\_\_\_\_



# ALL ANGELS ACADEMY



## ADMINISTRATIVE RECOMMENDATION

Name of Student: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

The above student has applied for admission to All Angels Academy. We would appreciate receiving your confidential assessment of the student's strengths and needs. Thank you in advance for your help.

	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
Potential as a student	_____	_____	_____	_____
Attitude toward academics	_____	_____	_____	_____
Respect for school rules	_____	_____	_____	_____
Peer group relationships	_____	_____	_____	_____
Cooperation with faculty	_____	_____	_____	_____
Attendance/tardy record	_____	_____	_____	_____

Has this student even been suspended or otherwise punished for violation of a school rule? If so, please explain.

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Please note any special situations that you feel deserve further elaboration.

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If your school is private, does the family meet its financial responsibilities on a timely basis? Yes No

Your Name \_\_\_\_\_ Title \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

Please mail this completed recommendation to:

**ALL ANGELS ACADEMY**  
**ATTN: ADMISSIONS**  
**1801 LUDLAM ROAD**  
**MIAMI SPRINGS, FL 33166**



# ALL ANGELS ACADEMY



## PERSONAL RECOMMENDATION

*For students entering grades 1 through 8.*

Name of Student: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Give this form to a coach, mentor, music, dance or art instructor, teacher (past or present), minister, Sunday school teacher, scout leader, camp counselor or any other adult who knows you personally (not a parent, and preferably not a relative). If you are especially proud of a particular artistic or athletic talent, please have this recommendation completed by your instructor or coach.

I have known this student \_\_\_ years \_\_\_ months. My relationship has been that of \_\_\_\_\_

Please describe your relationship with this student.

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What makes this young person special?

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If you consider this student remarkably strong or notably weak in any specific area, please explain.

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Thank you for your time and reflection in completing this form. Your judgments are an important part of this student's application.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Please return this form to:

**ALL ANGELS ACADEMY  
ATTN: ADMISSIONS  
1801 LUDLAM ROAD  
MIAMI SPRINGS, FL 33166**

