

HOPE TEENS

At Hope for Teens, we provide a call center with Life Coaches for families in crisis. We offer help through referrals to established Christian organizations. Oftentimes, those we help are defiant, unmotivated, truant, and involved in immoral lifestyles, including promiscuity, drug abuse, alcohol and outright rebellion. Although our name is "Hope for Teens", we provide help for all ages, from young teens through adults.

The combined services and collaborative efforts of our network addresses the needs of the *whole person* by providing a *whole solution* through spiritual nurturing, character development, recreational activities, vocational training, addiction recovery, academic achievement, emotional health and social enrichment. These programs provide long- and short-term spiritual treatment programs all year round, for all ages. Enrollment can take as little as 24-hours, at any time during the year. Our team of Life Coaches can work closely with you to plan the transition into and out of the program. This ensures that the student's best interest is served academically, socially, and spiritually.

Steps to Admission

1. **Fill out this enrollment packet.**
2. **Fax or e-mail the enrollment packet to us. Our fax number is 888-488-HOPE, or email help@hope4teens.org. Our Life Coaches will then present the application for review and acceptance.**
3. **Once accepted, you will be notified.**

Upon acceptance...

4. **An optional tour or in-person interview may be scheduled after you are approved for admissions.**
5. **Commit to a date for admission.**
6. **Pay tuition. Your Life Coach will have details for you in regards to writing out your check or wiring funds.**
7. **Decide on travel plans. Here are some choices:**
 - a. **Student flies into our local airport after confirming pick-up availability from our staff.**
 - b. **Family brings student to school.**
 - c. **Our Life Coaches work with a transport company to escort student to school. You will have an opportunity to choose this service in the following forms.**
8. **Gather needed documents and belongings. Please see the "List of Items" within the enrollment application.**

Please feel free to contact our Life Coaches with any questions you may have along the way.

Thank You,

The Life Coach Team
Hope for Teens
888-488-HOPE

Student Enrollment Form

Student Full Name	Birth date	Birthplace	Gender
Street Address	City, State, Zip		
Home Phone Number	Cell Phone Number		
Email Address	Website Address		
MySpace Address	Other Online Social Network Address		
Social Security Number	Religion	Adopted or Foster?	

Description

Hair Color	Eye Color	Complexion	Weight	Height	Race / Nationality
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Other Descriptions

Style

Please use this section to describe the student's "style", or more descriptively the type of friend group(s) he/she has.

Sins

Use this section to describe the student's surface issues, using a "K" for "know" and a "T" for "think, but unsure".

Cheating Stealing Lying Manipulating Fornication Drugs Adultery
 Homosexuality Bi-Sexuality Sensuality Hypocrisy Rebellion Truancy
 Anger Pornography

Others: _____

Student Enrollment Form (cont'd)

Drugs

Use this section to describe the student's drug use, using a "K" for "know" and a "T" for "think, but unsure".

Heroin Marijuana PCP Cocaine Speed LSD Mushrooms Ecstasy
 Hash Alcohol Mescaline Tobacco Inhalants Crack-cocaine Methamphetamine

Others: _____

Occult

Use this section to describe the student's occult involvement, using a "K" for "know" and a "T" for "think, but unsure".

Satanism Witchcraft Vampirism Ouija Demon Possession Astrology Paganism Cult

Others: _____

Mental Issues

Use this section to describe the student's mental issues, using a "D" for "diagnosed" and a "T" for "think, but unsure".

Obsessive Compulsive Disorder Clinical Depression Schizophrenia Suicidal Anorexia
 Bulimia Insomnia Self Mutilation Depression ADD ADHD Bi-Polar
 Oppositional Behavioral Defiance

Others: _____

Medication

Use this section to describe the student's use of medication, using a "P" for "prescribed use" and a "U" for "unprescribed use".

Ritalin Lithium Paxel Effexor Trazadone Thorazine Welbutrin Prozac
 Cylert

Others: _____

Biography

Use this section to write a basic summary of the student's life, including relevant family history and incidents which led up to the current situation. Attach an additional sheet if necessary.

Primary Care Giver Enrollment Form

PRIMARY CARE GIVER(S) (or "self" if student is over 18 years of age)

Does the student reside at this address? _____

____ Natural Father ____ Step Father ____ Other

____ Social Security Number

____ Natural Mother ____ Step Mother ____ Other

____ Social Security Number

____ Street Address

____ Marital Status

____ City, State, Zip

____ Website

____ Phone Type: _____

____ Phone Type: _____

____ Phone Type: _____

____ Phone Type: _____

____ Email

____ Email

SECONDARY CARE GIVER(S) (or "sponsor" if student is over 18 years of age)

Does the student reside at this address? _____

Does the student reside at this address? _____

____ Natural Father ____ Step Father ____ Other

____ Social Security Number

____ Natural Mother ____ Step Mother ____ Other

____ Social Security Number

____ Street Address

____ Marital Status

____ City, State, Zip

____ Website

____ Phone Type: _____

____ Phone Type: _____

____ Phone Type: _____

____ Phone Type: _____

____ Email

____ Email

Professional Support Persons Form

PASTOR

___ Sr. Pastor ___ Youth Pastor ___ Assoc. Pastor ___ Other: _____

___ Sr. Pastor ___ Youth Pastor ___ Assoc. Pastor ___ Other: _____

Church Name _____ Street Address _____

City, State, Zip _____ Website _____

Phone Type: _____ Phone Type: _____ Phone Type: _____

Phone Type: _____ Email _____ Email _____

OTHER PROFESSIONALS

Name _____ Contact Phone _____ Email _____

Title _____ Name of Agency / Office Address _____

___ Probation Officer ___ Attorney ___ Psychologist ___ Social Worker ___ Psychiatrist
___ Other: _____

Name _____ Contact Phone _____ Email _____

Title _____ Name of Agency / Office Address _____

___ Probation Officer ___ Attorney ___ Psychologist ___ Social Worker ___ Psychiatrist
___ Other: _____

Name _____ Contact Phone _____ Email _____

Title _____ Name of Agency / Office Address _____

___ Probation Officer ___ Attorney ___ Psychologist ___ Social Worker ___ Psychiatrist
___ Other: _____

Pastoral Support Agreement

This agreement sets forth the policies and practices for those who wish to enroll their loved one into a program of Hope for Teens (herein referred to as Provider). The undersigned understands that there are commitments and adjustments to lifestyle that he/she will be making by agreeing to what is stated herein. Failure to adhere may result in revocation of benefits and expulsion of student.

PARENTING MENTORSHIP

The undersigned Primary Care Giver agrees to post up in a visible location and adhere to the 20 Core Values Provider. The Primary Care Giver is required to participate in weekly Parenting Workshops and begin working through the curriculum for the five areas of Spiritual Treatment. It is the responsibility of the Primary Care Giver to schedule family therapy sessions. _____initial _____initial

ETHICS

Our first loyalty is to the Primary Care Giver that placed the student into our program. If at some point the undersigned stops agreeing with the standards and practices of the Provider, we will respect the differences in values and beliefs and will graciously remove the student from Provider's program immediately to avoid conflict and disloyalty. _____initial _____initial

ACCOUNTABILITY

At no time should the Primary Care Giver undermine the authority of the workers of Provider as this will cause division and conflict. Questionable matters and possible conflicts should never be discussed without first having talked to Provider. Dates of graduation or dismissal should never be discussed prior to placement or during placement without first consulting with the Provider's case management. These guidelines are stated in order to maintain unity and respect for authority. Failure to maintain ethical standards will undermine the authority that the workers have established with the student. Primary Care Giver is encouraged to faithfully attend a local church and maintain a relationship of accountability with one of the pastors of that church. All Primary Care Givers agree to come under the spiritual authority of Provider as it relates to the process of spiritual and emotional healing of the student. _____initial _____initial

PASTORAL SUPPORT

It is required that the senior pastor of your church signs and completes this contract. By signing, the pastor is giving his/her recommendation, acknowledgement, and approval of this program and has informed himself about Hope for Teens.

By signing, the senior pastor agrees to cooperate, support and maintain working relations with Provider. Should conflict arise, all parties should resolve the conflict in a spiritually mature manner based on the word of God (1 Timothy 5:19, Matthew 18:15). Being in one accord and unity is vital to the recovery of the family involved. Matthew 18:20 clearly points out that where two or three are gathered in Jesus' name He says, "There I am in the midst of them". Jesus is the only answer and we need Him to be in the midst of us as we labor to bring about healing to this hurting family.

The pastor should be aware that the Primary Care Giver of the student being placed must sign "Consent to Release Information." It states that Provider has permission to discuss and disclose pertinent and confidential information with the below named minister and his associates and vice-versa.

I/we have read and understood and agree to all of the contents of both pages of this agreement and have received a copy hereof.

SIGNED AND DATED,

Ordained or Licensed Minister

Primary Care Giver, or SELF if over 18

Primary Care Giver

Primary Care Giver

Consent to Release Information

I, hereby authorize all agencies, which hold any information in connection with and related to the items mentioned herein, to disclose to Hope for Teens and its affiliates:

The disclosure of records and pertinent data is given with the knowledge that the named client has received services and is required for evaluation and treatment planning or for the following purposes: 1] diagnosis 2] pertinent summary of psychosocial and psychiatric history 3] results of psychological and vocational tests 5] legal status 6] educational assessment and behavioral reports (including school observation and educational testing) 7] confidential information, conversations, reports and logs related to family issues.

I give permission for Hope for Teens and its affiliates to discuss and disclose the information stated herein with the family minister, related professional support persons and authorized relatives.

I give further authorization for Hope for Teens and its affiliates to:

- 1] VIDEO TAPE STUDENT/ CLIENT AND USE VIDEO FOOTAGE FOR TRAINING, PUBLISHING AND VIDEO PRODUCTION.
- 2] PUBLISH PERSONAL STORY AND PHOTOGRAPHS OF STUDENT/ CLIENT AS TESTIMONIAL
- 3] ALLOW INTERVIEWS BY TELEVISION, NEWSPAPER, INTERNET AND RADIO MEDIA

The purpose of this consent is for the publishing of testimonies of changed lives for the encouragement and edification of the general public. *We feel that many people need to hear the message of hope through the lives that are transformed by Jesus Christ. It is not our intention to humiliate anyone or to glamorize human tragedy.*

Primary Care Giver

Primary Care Giver

Student Name

Date

Tuition

Please select program(s) by placing an “x” on the corresponding line.

PHASE I: CONTROLLED ENVIRONMENT

The Controlled Environment phase is a structured program designed to provide “high-level supervision” while a student is receiving treatment. In this phase, students follow a regimented schedule under constant supervision. Students participate in classes that cover each of the Five Points in the treatment plan. Academic, vocational, and life skills, group sessions, social events, recreation and church services are all included in this program. In addition, students also receive individual counseling sessions throughout the week, as well as family counseling via telephone conference. Parents/caregivers also receive coaching via a weekly parenting workshop via telephone conference.

90-day Educational Track

- Five-Point Spiritual/Therapeutical Treatment Plan
- Accredited K-12 School
- Open enrollment year round
- Age: All ages
- Term: 30 days (minimum), 60 days, or 90 days (maximum)
- Cost: \$9,200 per month discounted for 90 days or \$9,750 for 30 days

90-day Vocational Track

- Five-Point Spiritual/Therapeutical Treatment Plan
- Multi-Media Marketing School
- Vocational training in marketing via web, video, audio and print
- Open enrollment year round
- Age: All ages
- Term: 30 days (minimum), 60 days, or 90 days (maximum)
- Cost: \$9,200 per month discounted for 90 days or \$9,750 for 30 days

Request to Skip Phase I

- In special circumstances, students may apply to bypass Phase I and move right into Phase II
- Approval from mentors, teachers, house pastors, and case workers required

PHASE II: TRANSITIONAL LIVING

The Transitional Program is designed to provide “moderate-level supervision”, as preparation to low-level to no supervision. In this phase, students are challenged to take responsibility as they earn more privileges.. Students continue to participate in activities that review the parts of our Five Point Treatment Plan. Students are given volunteer opportunities within the church and community and may participate in special outings or trips. Students continue to receive counseling sessions as well as family counseling via telephone conference throughout their stay. Parents / caregivers continue to receive coaching on a weekly parenting workshop via telephone conference.

Boarding School

- Accredited K-12 school
- Family home environment and outings
- Advanced social skills & maturity
- Church and community lifestyle functioning
- Peer leadership development
- Age Requirement: Anyone still in grades K-12
- Term: Through high school graduation
- Cost: \$ 5,000.00 per month

School of Ministry

- Bible College
- Church and community lifestyle functioning
- Leadership training and practical application

- Teamwork, character, spiritual and social development
- Training in prayer, healing, deliverance, worship, preaching, and evangelism
- Community Outreach and World Missions
- Does not offer case management or high school
- Not high-level supervision
- Age Requirement: 17 years and older
- Term: Minimum of 4.5 month semesters up to a maximum of 2 years
- Cost: \$ 3,000.00 per month

School of Business

- Real Estate, Stock Trading, Investing, Marketing & Multi-Media Production
- Advanced social skills & maturity
- Classroom instruction
- Does not offer case management or high school
- Not high-level supervision
- Career development
- Marketplace environment
- Age Requirement: 17 years and older
- Term: Minimum of 6 months up to a maximum of 2 years
- Cost: \$ 3,000 per month

Request to Skip Phase II

- In special circumstances, students may apply to bypass Phase II and move right into Phase III
- Approval from mentors, teachers, house pastors, and case workers required

PHASE III: COMMUNITY INTEGRATION

The Community Integration Program is designed to provide “low-level supervision” while a student integrates back into everyday life. In this phase, students live out their recovery while working a job and/or going to college. Students are required to report to the staff and remain accountable at all times. They continue to be involved in church services, fellowship and activities as well as volunteer opportunities within the church and community. Every student is assigned a personal mentor whose caseload does not exceed ten people. Counseling is available to the student and family upon request from case management. Parents/caregivers are strongly encouraged to continue the weekly parenting workshop via telephone conference.

Accountability Homes

- Bible school of ministry course
- Church membership and pastoral accountability
- Church leadership training
- Group living environment
- Small group support
- Job placement and interview coaching
- Real-life skills application
- Additional funds required for groceries & personal expenses
- Age Requirement: 17 years and older
- Term: Minimum 6 month lease (with no maximum)
- **Cost: \$500.00 per month**

Work Internship Program (WIP)

- Guaranteed job with pay in one of our companies or ministries
- Life skills coaching
- Ongoing education and personal development assistance
- Career development
- Protected marketplace environment
- On-site personal and group support
- Alternative disciplines instead of termination
- Age Requirement: 17 years and older
- Term: minimum 6 month term (with no maximum)
- **Cost: \$ 5,000 per month**

ADDITIONAL SERVICES

Detoxification

- 72 hours of supervised care, nourishment and rest
- Cost: \$1,000.00

Transport & Escort Service

- Two licensed chaplains with badges
- For uncooperative adolescents
- Includes a one-day excursion. Multiple days are \$500 each day.
- Cost: \$2,500.00 plus expenses (flight, car rental, lodging, meals)

High School Proficiency & Exam

- Exam preparation for those who prefer a diploma over a GED
- High School Diploma issued
- Cost: \$500.00

Parent Life Coaching

- Private online forum, direct phone access, small caseload
- Cost: \$500.00 per month (included in Phase I & II programs)

Spiritual Boot Camp

- Three-week summer program
- Includes travel throughout various U.S. locations
- July 14th through August 4th, 2008
- Deadline to enroll is July 7, 2008
- Cost: \$1,650.00

VARIOUS POSSIBLE SCENARIOS WHEN CUSTOMIZING PROGRAMS

SCENARIO #1: One-year program

Student enrolling at 16.75+ years old

- + **\$27,600: Phase I, Educational Track (3 mos.)**
- + **\$30,000: Phase II, Business or Ministry School (6 mos.)**
- + **\$1,500: Phase III, Accountability Home (3 mos.)**

\$59,100 Annual Tuition comes to
\$4,925 monthly average

SCENARIO #2: One-year program

Student enrolling at 16.50+ years old

- + **\$27,600 Phase I, Educational Track (3 mos.)**
- + **\$15,000 Phase II, Boarding School (3 mos.)**
- + **\$3,000 Phase III, Accountability Home (6 mos.)**

\$45,600 Annual Tuition comes to
\$3,800 monthly average

SCENARIO #3: One-year program

Student enrolling at 15 years old and under

- + **\$27,600 Phase I, Educational Track (3 mos.)**
- + **\$45,000 Phase II, Boarding School (9 mos.)**

\$72,600 Annual Tuition comes to
\$6,050 monthly average

Living Arrangements

Living arrangements are provided for students who need a vacation from the pressures of life or for parents who need a “vacation” from their students. Couples and individuals of the highest Christian character extend their homes to students. Students of all ages experience various social enrichment programs and recreational opportunities in a Christian family home environment.

Caring house pastors, whose lives exemplify fruit of the Spirit and godliness, staff the homes. The reason we call them house pastors is that we believe that we need the Holy Spirit and the anointing of the gift of a “pastor” in order to break the stronghold of rebellion and the yoke of sin. Without the gift of a pastor, our ministry would not be as effective. One of the traits of these men and women is that they have fathers’ and mothers’ hearts. The students are treated with respect and unconditional love. A relationship is developed between the student and their pastor, which facilitates an environment for effective discipleship.

Every morning, after breakfast and chores, the students participate in “Hour of Power”, a time of prayer and Bible reading. The rest of the day consists of various social enrichment programs, school and recreational opportunities.

DISCLOSURE

We do not advertise to be a Child Welfare Agency nor a state licensed agency of any kind. It is a private agency that exclusively provides students with social enrichment or recreational opportunities and that **DOES NOT** use restrictive behavior management techniques. The living arrangement program is a separate entity from any other service, school or ministry that the student may be enrolled in.

I acknowledge having read and received a copy of this disclosure.

Signed & Dated,

Client, or SELF if over 18

Client

Client

**AUTHORIZATION FOR PHYSICAL EXAMS, LAB TESTS,
AND MEDICAL TREATMENT**

MEDICAL INFO

DENTAL INFO

OPTICAL INFO

___ GROUP INSURANCE
___ INDIVIDUAL POLICY

___ GROUP INSURANCE
___ INDIVIDUAL POLICY

___ GROUP INSURANCE
___ INDIVIDUAL POLICY

Insurance Co. _____

Insurance Co. _____

Insurance Co. _____

Employer: _____

Employer: _____

Employer: _____

Ins. Co. Phone # _____

Ins. Co. Phone # _____

Ins. Co. Phone # _____

Ins. Co. Address: _____

Ins Co. Address: _____

Ins Co. Address: _____

Policy No. _____

Policy No. _____

Policy No. _____

Group No. _____

Group No. _____

Group No. _____

Effective Date: _____

Effective Date: _____

Effective Date: _____

Co-pay _____

Co-pay _____

Co-pay _____

Student Full Name

Birth Date

Age

Gender

I hereby consent to the following for the above named student:

*A physical examination, including dental, podiatric, and vaginal examinations, and blood tests and X-ray Examination. *The advisability or necessity of such examination to be determined by a physician and/or dentist, regularly licensed. *The administration of all necessary immunizations, vaccinations, and/or inoculations as deemed necessary by said physician. *The administration of medical treatment and dental work, including surgical and dental operations and the administration of anesthetics considered advisable and necessary by said physician and/or said dentist, or by the physicians and/or dentists of the insurance. *The administration of all necessary immunizations and inoculations under the auspices of said physicians. *The necessary release of any and all information contained in the above-named child's medical records, to be sent to the Social Services Agency or Health Care Agency (Medical Services).

The above named person is known to be allergic to or physically react to drugs, foods, etc. [] Yes [] No

If yes, explain: _____

A copy of student's medical history and immunization records are required. Please attach it to the application.

Policy Holder

SSN#

Birth Date

Policy Holder Address

Employer Name

Employer Phone

By signing below, I understand that I am fully responsible for any and all medical expenses.

Guarantor

Date

Guarantor

Date

Personal Needs Checklist

Student will need all of the following items. Please do not pack other unnecessary items, as the student will have limited closet and storage space. Carefully review this sheet and contact your enrollment counselor with any questions.

PERSONAL ITEMS

- ▷ Tooth Brush
- ▷ Two towels
- ▷ Handheld book bag (NO backpacks)
- ▷ King James or New King James Bible
- ▷ Swim trunks (boys) or One-piece swim suit (girls)
- ▷ Jacket / Coat
- ▷ Shoes
- ▷ Slippers / Flip flops
- ▷ Deodorant, shaving cream, razors
- ▷ Soap, shampoo, conditioner (if needed), lotion
- ▷ At least one set of church clothes
- ▷ One week's worth of pants & shirts
- ▷ One week's worth of under garments

DOCUMENTS (copies only)

- ▷ Identification Card (send original ONLY IF air travel is involved)
- ▷ Birth Certificate
- ▷ Medical Card
- ▷ Social Security Card
- ▷ Child's Biography
- ▷ Current physical and STD report
- ▷ Statement of any special medical needs
- ▷ Psychological evaluations
- ▷ Academic/Behavioral reports
- ▷ Immunization Records

Spending Money:

A small amount of spending money is preferred, but not required. Any spending money will not be held by the student in the structured part of their program. Funds will be dispersed as needed. Funds may be used for personal items, special snacks, toiletries, etc. Parents generally send between \$40.00 and \$100.00 a month. If you decide to send spending money, please DO NOT send cash, check, or money order. Please purchase a gift card which will be widely accepted, such as a VISA or MasterCard gift card which can be easily replenished.

Items NOT to bring:

Electronics, audio or video entertainment, clothing advertising questionable products or celebrities. Jewelry and other costly/sentimental items are to be brought at your own risk, as we cannot be responsible for such items.

Client, or SELF if over 18

Client

Client

Family List

Students are allowed phone calls, letters and packages from immediate family. We ask that the enrolling parents provide a list of family members that are permissible for the student to communicate with. The student will not be able to speak to anyone who is not on this list. Further, keep in mind that this list should be kept to a minimum. This is a time to concentrate on relationships which the student will continue to live with, work with, and be supported by upon program completion.

Name	Contact Information	Relationship to Student
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Additional Comments:

Client, or SELF if over 18

Client

Client

20 Core Values

The Ten Commandments

Exodus 20:3-17 * Matthew 19:18 * Mark 10:19 * Luke 18:20 * Romans 13:9

1. Thou shalt have no other Gods before me. Jeremiah 17:5 * Psalm 62:5
2. Thou shalt not make unto thee any graven image. Colossians 3:1-2
3. Thou shalt not take the name of the Lord thy God in vain. Luke 1:49 * Matthew 5:33-37 * Col 3:8
4. Thou shalt remember to keep the Sabbath day holy. Isaiah 58:13-14
5. Thou shalt honor thy father and thy mother. Ephesians 6:1-3
6. Thou shalt not kill. 1 John 3:15
7. Thou shalt not commit adultery. Matthew 5:27-28
8. Thou shalt not steal. Rom 2:21 * Ephesians 4:28
9. Thou shalt not bear false witness against thy neighbor. Colossians 3:9
10. Thou shalt not covet thy neighbor's wife nor anything that is thy neighbor's. Matthew 7:12 *Philippians 2:3,4

The Ten Home Commandments

My son, keep thy father's commandment and forsake not the law of thy mother. Proverbs 6:20

11. We are active members and faithful attendees of a locally Bible-based church. We worship, fellowship, evangelize and maintain accountability with our pastor. We study and obey the Word of God, attend a fellowship group weekly and have daily devotions. Hebrews 10:25 * Psalm 84:10 * Acts 2:42-47
12. No vulgar or perverse communication shall proceed out of our mouths. Ephesians 4:29
13. Tobacco, drugs (psychotropic medication or illegal drugs) and alcohol are addictive or detrimental substances. We do not use nor store them. We oppose all social gatherings that involve the use of these substances. Proverbs 23:31 * 1 Corinthians 6:10, 19
14. Unmarried couples cannot be sexually active nor live together in this home because we uphold marital fidelity in high esteem. Hebrews 13:4
15. In this home we enjoy Christian praise, worship and holiday music. We do not permit Christian rock, rap, r & b, punk, ska, alternative, rave music or other forms of music that attach themselves to sinful lifestyles. Ephesians 5:19 * Colossians 3:16
16. Before each meal we separate a moment of silence and with a grateful heart, say a prayer of blessing and thanksgiving. Acts 2:42,46
17. We oppose unnecessary vulgar, violent and sexually explicit reading, audio or video materials regardless of the rating. Psalm 59:12 * Psalm 11:5 * 1 John 2:16 * Philippians 4:8 * John 8:47 * Psalm 101:2
18. In order to have true fellowship, our friends must walk in agreement with our principles. Therefore, we approve or disapprove of our children's friends. Social functions are chaperoned by parents or accountable, trusted, responsible and mature people. Psalm 1:1
19. We believe in courting (not dating) for all unmarried persons, regardless of age and dependents participate in neither. 1 Corinthians 7:1 * 2 Timothy 2:22 * Galatians 5:24-25
20. We believe in the lifetime covenant of marriage that supernaturally unifies a couple into one. God is a present witness before every marriage vow and hates divorce. God declares that no man has the authority to divorce a marriage union. Debatably, it appears that Paul annuls the covenant in the case of abandonment by an unequally yoked partner and Matthew, quoting Jesus, for sexually immorality. Malachi 2:16 * Romans 7:2 * 1 Corinthians 7:39 * 1 Corinthians 7:10-11

I have read the above, and agree to begin to implement these important Core Values in our home(s).

Primary Care Giver

Date

Primary Care Giver

Date

Client, if 18 yrs or older

Date

American Christian Academy

Mission: The purpose of American Christian Academy is to provide superior education in a strong Christian environment.

Vision: To nurture and prepare youth for a life of service unto Christ. "Train up a child in the way he should go and when he is old he will not depart from it." Proverbs 22:6

ABOUT ACA:

The purpose of ACA is to provide a sound education centered on Christ. Students are taught that all truth originates from God, that all knowledge and wisdom comes from God, including history, geography, science, music and the arts, and that Jesus Christ is to be central in all learning and living. Students who complete the state's minimum academic requirements graduate and receive a diploma.

CURRICULUM:

Overview

The award-winning curriculum used is a complete Bible-based curriculum for grades 3–12. Multimedia, internal messaging, immediate feedback and automatic grading and record keeping are just a few of the features that make this product unique. Studies include the five core subjects – Bible, History and Geography, Language Arts, Math, and Science – as well as various electives. We may also include specialized workbooks, Christian curriculum designed to teach five core subjects plus a selection of electives.

Biblical Content

Our material contains a variety of biblical material. Bible truths have been integrated into every subject to support individual growth as it pertains to the Christian life-view. The program targets these strands as it teaches the study methods needed to properly interpret and understand the Scriptures. Students receive hands-on experience with some of the major books of the Old and New Testaments. At the secondary level, a thorough survey of the Old and New Testaments is emphasized, with the following themes examined:

- Theology - important subjects, such as Christ, sin, salvation, and prayer
- Attributes of God - facets of God's identity and nature
- Biblical Literature - the literary value of Psalms, Proverbs, and other books of the Bible
- Biblical Background - geography, customs, archeology, and other relevant background information from Biblical times
- Christian Growth - the awareness of God and self, leading to victorious living and service
- Christian Evidences - the equipping of Christians for temporal and eternal life
- Special Topics - unique studies spread throughout the grade levels, including topics like comparative religions, family, friendships, dating, and ethics

TEACHER INVOLVEMENT

Although most of the instructional course material is written directly into the assignments, the teacher plays a vital role by supplementing the learning base. Course effectiveness depends on teacher planning, organization, teacher/student interaction, and evaluation of student progress through the review of student work. Computerized content delivery combined with automatic grading, record keeping, and lesson planning reduces teacher tasks so they can spend more quality time with their students. Though the computer is the primary means of content delivery, the teacher must ensure the overall success of the student by diagnosing readiness and implementing the adjustments needed by their student to achieve mastery learning.

COURSE REQUIREMENTS FOR GRADUATION

American Christian Academy requires 22 credits for graduation.

English – 4 credits
Mathematics – 2 credits
Science – 2 credits
Health – ½ credit
Foreign Language – 1 credit
Physical Education – 2 credits

Social Studies – 1 credit World History
1 credit American/US History
½ credit Civics
½ credit Economics

Electives – 7.5 credits

Primary Care Giver

Date

Primary Care Giver

Date

American Christian Academy
Student Record Release Request

RELEASING SCHOOL

School Name

Contact Person

Address

City

State

Zip

Telephone Number:

Fax Number:

To School Clerk:

My child has been withdrawn from your school. Please release his/her academic and health records to the following school. Thank you.

ACCEPTING SCHOOL:
American Christian Academy
Office of Student Files
13835 N. Tatum Blvd., Ste. 164
Phoenix, AZ 85032

Student's Full Name and Date of Birth

Signature of Receiving Principal

Signature of Parent / Guardian