



# WORD OF GOD ACADEMY

**"ACADEMIC EXCELLENCE IN A CHRIST-CENTERED ENVIRONMENT"**

## ENROLLMENT PACKAGE

**Founded in 2010 by Word of God Ministries**

**Ed Hearron, Headmaster**  
**Cathy Jiles, Assistant Principal**  
**James McMenis, President**



**Welcome to the admissions process of Word of God Academy (WOGA). The applicant should complete and return the required forms. In addition to these forms, a math and reading test will be administered to ensure grade level and a personal interview with the Headmaster or Assistant Principal will be scheduled. The vision of Word of God Academy is to advance a Christian school of academic excellence so that our leaders of tomorrow will know the truth of God's Word and be equipped both academically and spiritually to advance the Kingdom of God in their homes, churches, communities, nation and world for Christ.**

**Kindergarten-6<sup>th</sup> Grade**

2820 Summer Grove Drive  
Shreveport, LA 71118  
318.687.9003  
Fax: 318.687.9607  
[www.wogacademy.org](http://www.wogacademy.org)

**Preschool & 7<sup>th</sup>-11<sup>th</sup> Grade**

6645 Industrial Drive  
Shreveport, LA 71129  
318.698.4110 Middle/High  
318.698.4093 Preschool  
Fax: 318.698.4119  
[www.wogacademy.org](http://www.wogacademy.org)

**Non-Discriminatory Policy**

Word of God Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the academy. The academy does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, financial aid, and other academy-administered programs.

## Word of God Academy

### General Enrollment Information

Please read the following enrollment information.

1. New students are considered enrolled at Word of God Academy ONLY AFTER all documents have been properly submitted, testing has occurred, an interview with the Headmaster or assistant principal has taken place, and the registration payment is made.
2. Returning students will be considered enrolled at Word of God Academy ONLY AFTER the enrollment packet is complete and registration payment is made.
3. We must have a copy of each student's **birth certificate, health record, social security card and school records** from any previous school(s) including standardized test scores at the time of registration.
4. Be sure to read all documents. Both father and mother are required to sign all forms for registration to be considered complete.
5. High School students that have a valid driver's license must register their car through the Principal's office and will be assigned a parking area.
6. Students must be in tenth grade or above to drive to school.
7. Kindergarten students must be five years of age on or before September 30.
8. Grade level entrance tests will be given to all new students to help ensure proper grade level placement.
9. Registration fees are due at the time the student is registered.
10. Classes are subject to close without notice.
11. Students will be registered in the order that registration fees are paid. When a class becomes full, a waiting list will be started for the next class. It is important to register early.
12. A registered student will not receive a class schedule or classroom assignment if a balance remains on the previous year's account.
13. Tuition is due on the 1<sup>st</sup> of the month. Payments are considered late after the 10<sup>th</sup> of the month and a LATE FEE of \$50 will be added to the payment.
14. Student uniforms are mandatory. They MUST be purchased at Land's End or Shreveport Gymnastics to ensure uniformity. Questions concerning school uniforms should be addressed to the school office.
15. Student should not have a current IEP/IAP that will cause special accommodations to be set up for your child in testing, note taking or any other special accommodations that have been set by the previous school or local school system that your child attended.
16. When a student withdraws from Word of God Academy, the receiving school shall request student records. These records will be released to the receiving school after all requirements have been met for dropping a student.

**New Student Application Fee: \$75 (Non-refundable)**

**Registration Fee Grades K-11: \$600 (Non-refundable)**

**Registration Fee for Pre-School: \$200 (Non-refundable)**

## APPLICANT INFORMATION

Child's Legal Name \_\_\_\_\_  
Last First Middle Preferred Name

Applying for Grade \_\_\_\_\_ School Year \_\_\_\_\_ Gender ☐ Male ☐ Female Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number \_\_\_\_\_

## ETHNICITY (PLEASE CHECK ALL THAT APPLY)

☐ Hispanic/Latino ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or other Pacific Islander ☐ White or Caucasian

## APPLICANT'S FAMILY INFORMATION

### Applicant lives with: (check all that apply)

☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Legal Guardian ☐ Other (please specify) \_\_\_\_\_

### Check all that apply:

☐ Parents are married ☐ \* Parents are separated ☐ \* Parents are divorced ☐ Father is deceased ☐ Mother is deceased

\* If parent(s) is remarried, give name of stepparent \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ Occupation/Employer \_\_\_\_\_

Family's Church \_\_\_\_\_

## SIBLINGS

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

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

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

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

## APPLICANT'S SCHOOL INFORMATION

Name of school where applicant is currently enrolled \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Phone

Has your child been suspended from or asked to leave **any** school? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_

Has the applicant ever skipped or repeated a grade? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_

## OTHER INFORMATION AND MEDICAL HISTORY

Who referred you to Word of God Academy? \_\_\_\_\_

What do you expect your child to gain from his/her experience at WOGA? \_\_\_\_\_

Has the applicant ever consulted with a professional for testing or guidance? Yes \_\_\_\_ No \_\_\_\_

Has the applicant ever been diagnosed as having ADD, ADHD, learning disabilities, speech/language, and/or psychological concerns or has a current IEP or IAP? Yes \_\_\_\_ No \_\_\_\_ If yes, to any of the above, please explain \_\_\_\_\_

Does the applicant regularly require any medication? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain and list the medications \_\_\_\_\_

Describe any other special circumstances not explained above that may affect the applicant's performance in school. \_\_\_\_\_

\*If you have documentation for any of the above, please share with administration during the interview and please include any copies of the results of the testing.

### Please provide the following medical information:

Applicant's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Does the applicant have any allergies? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_

Please list any medical condition(s) \_\_\_\_\_

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## EMERGENCY CONTACT & PICK-UP AUTHORIZATION

The following people, in addition to the legal parent or guardian, are authorized to be contacted in the event of an emergency and the parent or guardian cannot be reached.

The following people listed are also authorized to pick up and deliver this student to school.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

5. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*If for any reason someone besides those people listed above need to pick up your child, you **MUST** request a “change in demographics” form from the front office. This form must be completed and signed by the parent or guardian before authorization will be granted.

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## AUTHORIZATION

In signing this application, I understand that it authorizes Word of God Academy to investigate my child’s academic record and to secure other pertinent information necessary to reach an admission decision. I also voluntarily waive the right of access to all information and materials of any kind received by Word of God Academy from any source in connection with the application. The signature also indicates an understanding that the contents of the application including health history may be shared with necessary school personnel on a need-to-know basis, to help ensure this child’s safety and well-being while at school or during school related activities.

\*Note: Before enrollment for the 2016-17 school year is finalized, all past due tuition must be paid in full.

Father/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





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## STUDENT CODE OF CHRISTIAN CONDUCT

Parents of all students, and all students in grades 7 – 11, agree that students shall comply with the school's student behavior standards, as a prerequisite to admission.

The following behaviors and attitudes are expected from each Word of God Academy student:

- Genuinely desires to attend WOGA
- Desires to grow in their relationship with Jesus Christ and with others
- Understands and respects God and His word
- Respects authority and respects others
- Sincerely desires to improve themselves and is internally motivated to do their best at all times
- Displays a sense of self-discipline and responsibility
- Demonstrates integrity, honesty, truthfulness and trustworthiness
- Abstains from the use of illegal drugs and alcohol
- Willingly accepts and adheres to school guidelines with a cheerful spirit and an attitude that communicates a desire to comply
- Adheres to the principles represented in the WOGA Statement of Faith
- Abides by the student behavior standards identified in Student Handbook
- Refrains from the disruptive and reproachful behaviors identified in their Student Handbook, and from illegal behaviors
- Dresses in conformance to one's biological sex; using the restrooms, locker rooms and changing facilities conforming with one's biological sex; abstaining from all intimate sexual conduct outside the marital union of one man and one woman. See WOGA's statement on marriage, gender and sexuality

I have received and agree to abide by this code of conduct. I understand that failure to comply with expected standards of conduct will subject myself as a student to potential disciplinary action, up to and including dismissal.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature (Grade 7 -12 only)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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## STATEMENT OF COOPERATION

In signing this form, we the undersigned, realize and agree to the following stipulations:

1. I give Word of God Academy permission for my child to take part in all school activities; including bus/van trips, sports activities, and school-sponsored trips away from the school premises.
2. I also believe that discipline is necessary for the welfare of each student as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the scriptures. I understand that any corporal punishment will only be enforced by the Headmaster, Principal, or Assistant Principal after parent notification.
3. Word of God Academy assumes no responsibility for injuries sustained in athletic participation, gym or P.E. classes, or other incidents over which we have no control.
4. Should legal action on my child's behalf, for any reason, be taken against Word of God Academy or any employee or agency thereof, and the school or its agent not be found at fault, I agree to pay any attorney fees, damages or other costs that Word of God Academy or its agent should incur to defend itself against such action.
5. I agree to the following procedure: in case of serious illness or accidental injury to the student at school, every effort will be made to contact parents and/or emergency contacts. The student will be taken to the closest emergency room for medical treatment, if this is deemed necessary. Parents will be responsible for any bills incurred.
6. I understand that my child shall be picked up daily from school no later than 3:45 P.M. on the Middle/High school campus and 3:30 P.M. on the Elementary campus. After such time, my child will be sent to After School Care and I will be charged \$10 per child/per day for this service. If not paid, this fee will be added to my tuition. I also understand that if my child attends After School Care, I will pick my child up no later than 5:30 P.M. or extra fees will be charged. Abuse of this service will result in my child no longer having the option to attend After School Care. Any extenuating circumstances will be addressed with administration.
7. This Statement of Cooperation will be in effect for as long as my child attends Word of God Academy whether in the pre-school, Kindergarten, elementary, middle school, or high school.
8. I understand that should any life event changes occur, it is my responsibility to complete a life event change form and submit it to Word of God Academy.
9. I agree to allow Word of God Academy to use a photo(s) of my child in local publications, advertisements, and other such public media. (Child's name will not be included)
10. The following criteria shall be followed for your child/student to enroll at Word of God Academy:
  - Application
  - Have a 2.0 GPA or higher
  - Pass WOGA Reading and Math screening
  - Have a 90% or better in attendance
  - Reading on grade level entering
  - Pass LEAP test if coming from public school
  - Have an acceptable discipline record
  - Have approval of Principal and/or Headmaster

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





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## FINANCIAL CONTRACT

This contract and agreement made by and between the Word of God Academy of Shreveport, Louisiana, hereafter referred to as WOGA, and:

\_\_\_\_\_  
Father's Printed Name

\_\_\_\_\_  
Mother's Printed Name

\_\_\_\_\_  
Additional Person Responsible for Tuition  
Printed Name and Relationship to Student

WOGA shall and does agree to operate and/or maintain the Word of God Academy located at 2820 Summer Grove Drive, Shreveport, LA for grades K-6 and located at 6645 West Bert Kouns Industrial Loop, Shreveport, LA for grades 7-11 for the school year beginning in August 2016 and ending in May 2017.

It is expressly understood that students are accepted only for the ENTIRE SCHOOL YEAR or for the remainder of a school year if enrolled after the school year has begun. Charges for enrollment are made for a position in the school and not for a period of attendance. PARENTS are held responsible for the full payment of the school year or such part of the school year as remains after late entrance. In case of an extenuating circumstance the Headmaster/Principal, with the input of the School Board, will make the final decision. No reduction or credit of tuition will be granted if a student is expelled or suspended. It is WOGA's sole discretion whether a contract will be terminated and any tuition responsibility lifted.

I have read the fees and tuition schedule and I understand that the fees and tuition, which is a part of the registration process is non-refundable and non-transferable. I also understand that my first tuition payment is due August 1<sup>st</sup> and each month thereafter until paid in full. The WOGA policy is that tuition is due on the first of each month and considered late after the 10<sup>th</sup> of each month. At this time a late fee of \$50 per family will be added to the payment.

I understand that Report Cards and student records may be withheld if the student's account is delinquent by the end of the grading period. If an unpaid tuition has not been received by the time the tuition payment for the following month is due, the student shall be held out of all classes until both delinquent payments have been made.

I understand that a transferring or graduating student whose parent/guardian has an outstanding financial obligation to WOGA will not receive transcripts or a diploma until all financial obligations are paid in full.

PARENTS agree to pay all costs of collections, including reasonable attorney's fees.

**(2016-17 Financial Contract Continued)**

PARENTS of the child named below desire and do enroll said child in WOGA in the following manner:

☐ (Plan A) Annual payment for Yearly tuition (Due by August 1, 2016)

☐ (Plan B) Monthly payment by check, bank draft, or credit card for tuition beginning August 1, 2016

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Annual Tuition \_\_\_\_\_

(Office use)

Individual Responsible for Payment \_\_\_\_\_ Contact Number \_\_\_\_\_

Address of Responsible Party \_\_\_\_\_

Street

City

State

Zip Code

**I have read and agree to the terms of this financial contract.**

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

(If applicable)

WITNESS Signature \_\_\_\_\_ Date \_\_\_\_\_

**MONTHLY PAYMENT OPTIONS (OFFICE USE ONLY)**

☐ **BANK DRAFT AUTHORIZATION** (\*Please attach your voided check)

• WOGA will draft your account on the 1<sup>st</sup> of each month unless that date falls on a holiday or weekend. In these cases, your draft will be processed on the next business day.

• In-sufficient bank drafts will be resubmitted with a \$25 insufficient fee added.

☐ **CREDIT CARD AUTHORIZATION** (\*\$10 Monthly processing fee will apply)

\$\_\_\_\_\_ MONTHLY 1<sup>st</sup> of each month (August-May)

Please charge to my: ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CSV Code \_\_\_\_\_

☐ **PAY BY CHECK**

\$\_\_\_\_\_ MONTHLY 1<sup>ST</sup> of each month (August-May)