



Required Items/Admissions Forms:

- Birth Certificate
- Social Security Card
- Photo I.D.
- Current Physical
- Insurance Card
- Medical Records
- School Records
- Shot Records
- Family Photo
- Assessment Summary
- Admissions Contract (notarized)
- Power of Attorney (notarized)
- Contact Form (with emergency numbers)
- A signed copy of Discipline Policies
- A signed copy of child abuse procedures
- Tuition Payment

Please check off the list and make sure that all items are included in the package you send to us by Fed-Ex service, including this signed page!

**ABM Ministries Assessment Summary**

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current School Grade: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications the student is currently taking.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Legal Guardian Name/s and Address/es:

_____ Print Name	_____ Print Name
_____ Address	_____ Address
_____ City, State	_____ City, State
_____ Zip Code	_____ Zip Code

If student lives at a different address from above, list below.

_____ Address	_____ City/State	_____ Zip Code
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Relationship to Student: \_\_\_\_\_

**Who Has Legal Custody of the Student?**

**Does the Student Live With Both Birth Parents?**

If Not Specify With Whom the Student Lives

**Questionnaire:**

Does the Student Appear to be:

- 1. Lonely, Quiet, Moody?
- 2. Depressed?  
(low energy, poor concentration, low motivation)
- 3. Suffering from low Self Esteem?
- 4. Very Negative About Everything?
- 5. Problems Sleeping?
- 6. Isolating Him/Herself?
- 7. Angry or Abusive to others?
- 8. Exhibiting Changed Eating Habits?
- 9. Argumentative and Deceitful?
- 10. Fighting at Home or School?
- 11. Doing Poorly in School?
- 12. Violating Curfew?
- 13. Shoplifting or Stealing?
- 14. Dropping out of school/church activites?
- 15. Using Alcohol or Drugs?
- 16. Refuses to Go to Church?
- 17. Refuses to Go to Church Activities?
- 18. Dating or Befriending Others Against Parents Wishes
- 19. Lazy or Inclined to Procrastinate?
- 20. Pregnant or Sexually Active?
- 21. Changed in Appearance
- 22. Unwilling to Make Eye Contact?

YES	NO

Has Your Teen Ever?

- 23. Run Away?
- 24. Been in Any Kind of Treatment Before?
- 25. Been Arrested?
- 26. Over dosed?
- 27. Attempted Suicide?
- 28. Threatened Siblings?
- 29. Been Abused?
- 30. Been Over Weight?
- 31. Slept for Long Periods?

YES	NO

Please give a detailed history of the student's life from your perspective, including the actions that prompted you to enter him/her into this school?

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Please give a detailed history of the family's religious practices, both at home and at church.

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I hereby attest that the above information is accurate, and truthful. I understand that this information will be used to help ABM Ministries, Inc. make informed decisions concerning proper care for the student.

Parent/Guardian:	Date:
_____	_____
Parent/Guardian:	Date:
_____	_____

## Limited Power of Attorney

**KNOW ALL MEN BY THESE PRESENTS** that I (we) \_\_\_\_\_ of these presents do makes, constitute, and appoint Larry Musgrave, or any other officer of the ABM Ministries, Inc. as my (our) true and lawful Attorney, for the limited purpose herein stated and in my (our) name, place, and stead and as my (our) act and deed to do the following:

To incur any debts deemed necessary by my (our) said Attorney-In-Fact for the medical care of my (our) child, \_\_\_\_\_, and to execute all documents deemed necessary by the provider of those **medical services** with full authorization to admit my (our) child, \_\_\_\_\_, to any hospital for **medical examination** or treatment.

**GIVING AND GRANTING** unto my (our) said Attorney-In-Fact full power and authority to do and perform all and every act in the exercise of my (our) parental rights concerning my (our) child, \_\_\_\_\_, which I (we) might or could do in my (our) own person if personally present.

And I (we) hereby declare that any act or thing lawfully done by my (our) said Attorney-In-Fact shall be binding on me (us), my (our) heirs, legal and personal representatives; provided the same shall have been done pursuant to this Power of Attorney and shall have been done prior to revocation of this instrument.

**IN WITNESS WHEREOF**, I (we) have hereunto set my (our) hand(s) dated on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_  
State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared before me, a Notary Public.

**Witness** my hand and official seal.

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_, 20\_\_\_\_.

(Notary Stamp)

## ENROLLMENT ORIENTATION AGREEMENT

We (I), \_\_\_\_\_, have enrolled our (my) child, \_\_\_\_\_, into ABM Ministries, Inc. (ABM) on \_\_\_\_\_, 2 \_\_\_\_\_. During the enrollment orientation the 11 items on the attached sheets were discussed in detail to our (my) satisfaction. **We (I) have signified by initial each of the 11 items discussed.**

We (I) understand that the structure and rules under which our (my) child will be schooled and trained are very strict.

You will have our (my) full support and cooperation as you minister to the needs of our (my) child.

We (I) understand that ABM Ministries, Inc. is no more than the name implies and makes no claims to be anything else.

We (I) understand that our (my) child may not always be in the immediate presence of an adult and therefore we (I) would not and could not hold the school, its staff, and its officials responsible for our (my) child's welfare at such time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

COMPLETED PRIOR TO ENROLLMENT BY NON-ATTENDING PARENT

I feel that my presence is unnecessary and unwarranted for the enrolling my child in the boarding academy. I understand that, although not present, I am responsible for all policies discussed during the enrollment orientation as indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

1. Our desire is to see your child come to a saving knowledge of the Lord Jesus Christ (Romans 10). We believe and teach that valuable changes in your child will be produced as he/she places personal trust in Christ (II Corinthians 5:17) (Romans 6). Since salvation is the beginning and not the end, we seek to provide an environment that will nurture the new Christian into a daily surrender of self to the person of Christ (Romans 8) (Galatians 2:20). We expect each parent to fully support this desire.
2. A minimum enrollment period of six months is required. It is agreed that a parent may withdraw their student at any time after enrollment and that ABM may dismiss a student at any time after enrollment. There is no minimum enrollment commitment. In the event of early removal or dismissal from ABM the parent would still be obligated to pay for the entire six months!
3. All mail is to go in and out through the parent. All mail is to be read by ABM staff. All mail goes out. Incoming mail may be returned if the content is deemed inappropriate by ABM staff. Photographs must meet ABM’s standard of dress and appearance in every way. Packages from home should include those items which a child will “use up,” such as personal hygiene items, pantyhose and school supplies.
4. The most important topic discussed is the telephone. It is on the phone that you re-establish your authority and control. The first few phone calls are especially important. The parent makes the call. The first call may come after 14 days of enrollment. Second and subsequent calls may come once every two weeks. Married parents may have 10 minutes per call. Divorced parents may call on alternating weeks for 10 minutes or they may call every other week for five minutes per call. The telephone number to use when calling your child is (573) 223-2025.

Phone call hours are as follows: Monday, Tuesday, Thursday and Friday – 7:30 p.m. until 8:30 p.m. Saturday – 9:00 a.m. until 12:00 p.m. Special “1 minute” calls may be made on Christmas Day and on the child’s birthday. These calls must be made during regular phone call hours. NO calls on Wednesdays or Sundays.

5. Visits – Parents are allowed liberal visitation. It is generally recommended that the first visit be at least 30 days from enrollment. Depending on the frequency of visits, a visit may be an afternoon, a single day, or a 2, 3, or 4-day weekend. All students are permitted to go out on the one-week Christmas Break and the one-week Summer Breaks. It is best to schedule most extended visits during regular school breaks to avoid missing school days. Whether on campus with us or off campus with the parent, standards of ABM must be maintained.

The dates of all visits should be closely planned and coordinated with the assistance of ABM staff. Some dates require student attendance thus eliminating the opportunity to schedule a visit. Most visits should be a surprise to your child.

6. In order to be effective we must have 100% support of both parents in all areas. A parent should closely follow all policies discussed during the enrollment orientation interview. A parent should not become offended whenever something is returned to them as inappropriate. A parent should not be negative at any time a change in policy is deemed necessary by ABM. If at any time a parent becomes unwilling to give full support to all ABM policies, the parent should voluntarily remove the child from the academy.
7. A discipline is maintained which is firm, consistent, fair and tempered with love. Our staff maintains standards of behavior through kindness, love and genuine regard for the student. When disciplinary action becomes necessary, it is firmly carried out tempered by good judgment and understanding.
8. Students should be in overall good physical health at time of enrollment. A physical examination is required. The physical must include testing for drugs and sexually transmitted diseases. Parents are encouraged to accomplish the exam prior to enrollment. If unable to do so, arrangements will be made as soon as possible with a local doctor after enrollment. A separate fee will be charged that will include the medical charges and for the additional risk, time and manpower required if the ministry.
9. It is important that we not keep secrets from each other. ABM will not withhold student information from parents and parents are not to withhold information from ABM. What you hear I hear and what I hear you hear.
10. There are some significant dates that require special attention, specifically December 1 and March 1. See the current school calendar and significant dates sheet that will be provided during enrollment.
11. A Parent Handbook is issued at the end of the enrollment orientation interview. The handbook provides much information including additional details concerning all of the above items.



## **ABM MINISTRIES, INC. AND BOARDING ACADEMY**

### **BINDING ARBITRATION**

Believing that lawsuits are prohibited by Scripture (1 Corinthians 6:1-8), all teachers, staff, board members, volunteers, parents, grandparents, guardians, students, or anyone else involved in dispute agree to submit to binding arbitration any matters which cannot otherwise be resolved, and expressly waive any and all rights in law and equity to bringing any civil disagreement before any court of law, except that judgment upon the reward rendered by the arbitrator may be entered in any court having jurisdiction thereof.

### **PROCEDURES FOR ARBITRATION**

#### **SECTION 1**

##### **Scope of Arbitration**

- 1.1 The parties must, prior to the selection of arbitrators, agree to the scope of the matters to be considered by the arbitrators. In doing so the parties must conduct themselves with the utmost courtesy as befits believers in Jesus Christ. Failure to do so shall be considered a proper matter for church discipline. If the scope of the dispute for arbitration cannot be agreed upon by the parties, the scope shall be determined by the arbitrators.

#### **SECTION 2**

##### **Submission to Arbitration**

- 2.1 The parties as Christians, believing that lawsuits are prohibited by Scripture, and having agreed to submit disputes to binding arbitration, and to waive any legal right to take the dispute to a court of law, will refer and submit any and all disputes, differences, and controversies whatsoever within the agreed scope or arbitration to a panel of three arbitrators, to be selected as follows:
  - a. All arbitrators must be born-again Christians of good reputation in the community and who affirm ABM's statement of faith in its entirety.
  - b. Each party shall submit a list of three proposed arbitrators to the other party, and the other party shall choose one of the three proposed arbitrators to serve on the panel.
  - c. The third arbitrator will be selected by the mutual agreement of the other two arbitrators.
  - d. In selecting the arbitrators, each party will act in good faith in choosing Christian arbitrators who have no prior knowledge of the facts leading up to the dispute, are not related to or close friends with the selecting party, and who will act impartially and with fundamental fairness.
  - e. No arbitrators may be an attorney.
  - f. No arbitrator may be employed by, or under authority of, either party or other arbitrators.
  - g. The arbitrators will be selected as soon as possible, but no later than 30 days after the parties have agreed to the scope of arbitration.
  - h. The arbitration will be held at a neutral site agreed to by the arbitrators.

- 2.2 The arbitrators shall, subject to the provisions of these procedures, arbitrate the dispute according to the terms of these procedures, the Bible as interpreted by ABM's statement of faith, and any applicable church documents.
- 2.3 Each party may be represented by counsel throughout the process at their own expense. Each attorney shall have the absolute freedom to ask questions of any witnesses during the arbitration process. Formal rules of evidence shall not apply.

### **SECTION 3**

#### **Terms and Conditions of Arbitration**

- 3.1 The arbitrators may, in their absolute discretion, receive and consider any evidence they deem relevant to the dispute, whether written or oral, without regard to any formal rules of evidence.
- 3.2 The arbitrators shall hold the arbitration hearing as soon as possible, but no later than 30 days after selection of the third arbitrator.
- 3.3 There shall be no stenographic record of the proceedings, and all proceedings are closed to the media and any other parties not directly involved in the proceedings as determined by the arbitrators.
- 3.4 Normally, the hearing shall be completed within three hours. In unusual circumstances and for good cause shown, the arbitrators may schedule an additional hearing to be held promptly.
- 3.5 There will be no post hearing briefs.
- 3.6 The arbitrators are to make and publish their award, in writing, signed by each of them concerning the matters referred, to be delivered to the parties no later than 48 hours from the date of the conclusion of the hearing unless otherwise agreed by the parties. The arbitrators may, in their discretion, furnish an option.

### **SECTION 4**

#### **Conduct and Rules of Hearing**

- 4.1 The arbitrators may, in their absolute discretion, receive and consider any evidence they deem relevant to the dispute, whether written or oral, without regard to any formal rules of evidence.
- 4.2 The parties and their respective witnesses must, when required by the arbitrators, attend and submit to examination and cross-examination under oath as to all or any of the matters referred to in the proceedings, and to produce and deposit with the arbitrators all or any evidence in their possession or under their control concerning such matters.
- 4.3 If a party defaults in any respect referred to in Paragraph 4.1, above, the arbitrators may proceed with the arbitration in their discretion as if no such evidence were in existence, insofar as it may be favorable to the party in default.
- 4.4 All presentations shall be controlled by the arbitrators. Any disputes regarding procedure shall be decided solely by the arbitrators.

**SECTION 5**  
**Duties of Arbitrators**

- 5.1 The arbitrators are to receive all evidence, prayerfully consider such evidence in an impartial manner, and render a decision which, based upon Scriptural principles, is fair to both parties.
- 5.2 The arbitrators have full power to order mutual releases to be executed by the parties, and either of the parties failing such orders shall have the effect of a release, and may be duly acknowledged as such.
- 5.3 In the event that either party, or a witness for either party, shall fail to attend the arbitration hearing, after such written notice to such party as the arbitrators shall deem reasonable, the arbitrators may proceed in the absence of such party or witnesses without further notice.

**SECTION 6**  
**Decisions of Arbitrators**

- 6.1 It is preferred that the arbitrators reach a unanimous decision, but if a unanimous decision cannot be obtained, a majority decision will be accepted. The written decision of a majority of the arbitrators shall be final and binding on all parties and judgment upon the reward rendered by the arbitrators may be entered in any court having jurisdiction thereof. There is no appeal from the decision of the arbitrators.
- 6.2 The decision of the arbitrators is to be kept confidential by all parties for a period of one year. For purposes of these procedures, ABM MINISTRIES, INC. and its church membership may be informed of the decision if the church or any church pastors, officers, trustees, employees, or board members were a party to the proceeding.
- 6.3 Should any party commence legal proceedings against another party with the respect to the agreed scope of the dispute or the binding decision of the arbitrators, with the exception of an action to enforce the decision of the arbitrators, that party shall pay to the other party all expenses of said proceedings, including reasonable attorneys' fees. In the event it becomes necessary for one party to commence legal proceedings to enforce the decision of the arbitrators, the non-prevailing party must bear all costs of said proceedings, including reasonable attorneys' fees.

**SECTION 7**  
**Parties to Cooperate**

No party is to unreasonably delay or otherwise prevent or impeded the arbitration proceedings. No party will involve the news media in the dispute in any way. No party shall publicize the dispute in any way to anyone not a party to the proceedings, except as permitted by the arbitrators, and except that a party may disclose proceedings of this arbitration to his or her spouse, legal counsel, accountants, insurance carrier, and as otherwise required by law.

**SECTION 8  
Costs and Expenses**

Each party shall pay his or her own costs and expenses related to presenting the party's case to the arbitrators. The costs of the arbitration, including any fees for the arbitrators, is to be shared equally by both parties.

**SECTION 9  
Amendments**

These Procedures for Arbitration may be revised or amended by a majority of the church membership at any regular church business meeting.

**SECTION 10  
Adoption**

- 10.1 These Procedures for Arbitration were adopted by a majority vote of the church membership at which a quorum was present.
- 10.2 These Procedures for Arbitration supersede any other Procedures for Arbitration previously adopted by the church membership if any exist.

**ACKNOWLEDGEMENT AND UNDERSTANDING OF SUBMISSION TO BINDING ARBITRATION AS PRESENTED BY ABM MINISTRIES, INC. AND BOARDING ACADEMY**

Signatures and Dated:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared before me, a Notary Public.

State of \_\_\_\_\_ County of \_\_\_\_\_

**Witness** my hand and official seal.

\_\_\_\_\_  
(Notary Public)

(Notary Stamp)

My commission expires \_\_\_\_\_, 2\_\_\_\_\_.

**ABM MINISTRIES, INC.**  
**EDUCATIONAL, BOARDING AND HOLD HARMLESS AGREEMENT**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, **ABM Ministries, Inc.** (herein after called “**ABM**”), a ministry of ABM Ministries, Inc., which is engaged in the education and boarding of minor students on a Christian basis in a Christ-centered institution: and \_\_\_\_\_, of the City of \_\_\_\_\_, State of \_\_\_\_\_, being the parent(s), legal guardian(s) or having legal custody (herein after called “**Second Party**”) of \_\_\_\_\_ (herein after called “**Student**”), a minor, age \_\_\_\_\_, born \_\_\_/\_\_\_/\_\_\_, enter into this **EDUCATION, BOARDING, AND HOLD HARMLESS AGREEMENT** (herein after called “**AGREEMENT**”) and covenant and agree to as follows:

1. **Admission to Enrollment:** ABM agrees to admit Student into its enrollment beginning \_\_\_\_\_, 20\_\_\_\_.
2. **Agreement to Board Student:** ABM agrees to accept the boarding, care, and supervision of said minor Student as an incident to his/her education for the duration of his enrollment at ABM and under the terms and conditions herein provided.
3. **Consent to Teaching Religious Doctrine:** The Second party understands that, in addition to providing for the education, room, board, and related work, physical education, and sports activities of the Student while he/she is in residence at ABM, the intent of ABM is to develop not only the academic qualities of the Student, but his/her spiritual development as well. Second party acknowledges that the religious policies of the program have been explained to him/her in detail and consent to the instruction and use of such religious policies of such religious policies in the education and training of the Student.
4. **Consent for Student to Participate in Sports:** The Second Party agrees that, except as noted below by Second Party, the Student may participate in the Academy’s sporting activities, including but not limited to horseback riding, swimming, canoeing, boating, water-skiing and other related water sports, baseball, softball, football, soccer, basketball, golf, running, hiking, camping.
5. **Consent for Academy to Transport Student:** Second Party agrees to Student being transported to ABM functions, including functions outside the State of Missouri and to Canada, in ABM vehicles or private vehicles of staff members as deemed appropriate by the Pastor. ABM warrants that it carries insurance for accidents in ABM vehicles.
6. **Consent to Student’s Accommodations:** Second Party acknowledges that said Second Party has been given a personal tour of ABM and has by personal observation been made aware of and agrees to the accommodations in which the Student will reside during her his/her enrollment.
7. **Authorization for ABM to Use Student’s Picture:** Second Party hereby authorizes ABM to take or permit to be taken of the Student for use by ABM in publications, newspapers, and/or on television for purposes of public relations for ABM.
8. **Second Party’s Right to Consult with Academy:** Second Party further acknowledges that said Second party understands that Second Party’s cooperation with ABM, not only in financial support, but also in the personal participation in ABM’s program, is essential to the success of the attempt by both the Second Party and ABM to fully educate and train the Student. Second Party understands that, to further this end, he/she may consult with the Pastor and participate in planning for the Student’s care, general development, and education. In this regard, Second Party acknowledges that Second Party has been provided a Parent handbook containing ABM’s policies, philosophy, purposes and procedures.

9. **Academy's Discretion to Limit Student's Contacts:** Visiting privileges and other Second Party/Student contact, including incoming and outgoing mail and telephone calls, gifts of money or personal property to the Student, will be at the discretion of ABM, and Second Party agrees to be bound by such decisions of ABM.
10. **Second Party Agrees to Parent Handbook Policies and Procedures:** Second Party has received a copy of, read and agrees to support said ABM in its administration of the policies and procedures contained in the Parent Handbook, including, but not limited to, ABM's disciplinary procedures.
11. **Responsibility for Emergency Medical/Dental Expenses:** Second Party acknowledges that he/she remains financially responsible for the total cost of any medical, surgical, or dental procedures needed by the Student as a result of an emergency or otherwise.
12. **Term of this Agreement:** ABM and Second Party understand that it is the goal of ABM to return the Student covered by this agreement to his/her parent(s), legal guardian(s), or the person(s) having legal custody of said Student within the agreed upon time. A new agreement will be signed at the beginning of each calendar year if the student is to remain in the academy. Except as hereinafter specifically provided and except for a possible renewal of the same, this Agreement will terminate on the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_. The Second Party agrees to notify ABM of any change in Second Party's address and other contact information, or family status.
13. **Termination of this Agreement:** Notwithstanding anything herein contained to the contrary, however, violation by the Second Party of any of the terms and conditions contained in this Agreement shall entitle ABM to terminate this Agreement prior to the specified termination date without prior notice to the Second Party.
14. **Financial Policy Upon Termination of Agreement:** Second Party acknowledges that he/she executed and agreed to be bound by ABM's current Expenses and Financial Responsibilities Notice during each month of the Student's enrollment in ABM. For the current school year the amount for tuition each month will be found in the Parent Handbook. Second Party agrees that he/she will not be entitled to a refund of any portion of the Registration Fees, or Tuition and that Medical Escrow, or monies in the Student's Incidental Account may be withheld and applied toward any unpaid balances. Second Party agrees that upon discharge or withdrawal, any unpaid balance for the duration of enrollment shall become due and payable to ABM. Second Party acknowledges that academic records will be withheld until the financial contract has been satisfied.
15. **Hold Harmless Agreement for ABM's Actions:** In consideration for Student being admitted into enrollment and for boarding at ABM, and to the extent that such agreement does not void or make voidable any underlying insurance coverage which Second party carries, Second Party agrees to hold ABM, and its agents, employees, and volunteers harmless from, and to indemnify for, any and all liability, actions, causes of actions, claims, expenses, including attorneys fees, and damages on account of injury to the Student, even injury resulting in death, which Second Party now has/have or which may arise in the future in connection with said enrollment and boarding of the Student at ABM and any other associated activities.
16. **Hold Harmless Agreement for Student's Actions:** In further consideration for Student being admitted into enrollment and for boarding at ABM, and to the extent that such agreement does not void or make voidable any underlying insurance coverage which Second Party carries, Second Party further agrees to Hold ABM, and its agents, employees, and volunteers harmless from, and to indemnify for, any and all liability, actions, causes of actions, claims, expenses, including attorneys fees, and injury, even injury resulting in death, or damages to a Third Party or his/her property which may arise in the future in connection with the Student's enrollment and boarding at ABM and other associated activities as well as with the Student's being absent from ABM without authorization or approval from ABM officials.
17. **Contractual Nature of This Agreement:** Second Party expressly agrees that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Agreement contains the entire agreement between the parties hereto and the terms of this Agreement are contractual and not mere recital.

18. **Agreement to Participate in Alternative Dispute Resolution:** ABM and the Second Party agree that in the event of any disagreement or conflict arising from the terms of this Agreement they each will abide by and participate in the Alternative Dispute Resolution procedures developed by ABM and agree to binding arbitration, expressly waiving any and all rights in law and equity to bring any civil disagreement before a court of law.

By signing here, I indicate that I have the understanding and capacity to make this Agreement and that I am fully informed as to and understand the contents of this document. I further state that I HAVE CAREFULLY READ THE FOREGOING EDUCATIONAL, BOARDING, AND HOLD HARMLESS AGREEMENT AND KNOW THE CONTENTS THEREOF AND I SIGN HEREUNDER AS MY OWN FREE ACT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Custodial Parent/Guardian**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Custodial Parent/Guardian**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, the undersigned Notary Public do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledges the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public-State of

\_\_\_\_\_  
My Commission Expires

Application for admission to:

Please  
attach  
photograph

**ABM MINISTRIES, INC. BOARDING ACADEMY**

To the Pastor:

Please enroll my son / daughter as a student at ABM Ministries Boarding Academy beginning \_\_\_\_/\_\_\_\_/\_\_\_\_, I understand that acceptance of this application by ABM, together with the policies, regulations, and conditions of ABM shall constitute the contract between us. I am enclosing the application fee of \$250.

**Application is hereby made for the admission of:**

1. \_\_\_\_\_ Age \_\_\_\_\_  
NAME IN FULL

2. Date of birth \_\_\_\_\_ US Citizen? Yes/No Place of birth \_\_\_\_\_  
A copy of birth certificate must be provided.

3. Insurance ID? Yes / No

**Evidence of Health insurance is required. Bring card.**

4. Height \_\_\_\_\_ Weight \_\_\_\_\_ Name which applicant prefers \_\_\_\_\_

5. Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Race \_\_\_\_\_ SS# \_\_\_\_\_

6. Name of Father or guardian \_\_\_\_\_  
NAME IN FULL

A. Age \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Race \_\_\_\_\_

B. Residence address \_\_\_\_\_  
# and street city state zip

C. Father's occupation \_\_\_\_\_  
position & name of firm

D. Business address \_\_\_\_\_  
# and street city state zip

E. Telephone # Business (\_\_\_\_) \_\_\_\_ - \_\_\_\_, Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_

7. Name of Mother or guardian \_\_\_\_\_  
NAME IN FULL

A, Age \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Race \_\_\_\_\_

B. Residence address \_\_\_\_\_  
# and street city state zip

C. Mother's occupation \_\_\_\_\_  
position & name of firm

D, Business address \_\_\_\_\_  
# and street city state zip



E. Telephone # Business (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

8. FAX # \_\_\_\_\_ E-Mail address \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Web site \_\_\_\_\_

9. Bank reference \_\_\_\_\_  
name city state zip

10. Are both parents living? Yes/No Legal custody is with \_\_\_\_\_

11. Church affiliation of family \_\_\_\_\_

12. Names / Ages of Siblings \_\_\_\_\_

13. Grade for which applicant is prepared \_\_\_\_\_, Quality of school work:  
(Excellent / Good / Fair / Poor)

14. Has the applicant demonstrated a pattern of physical violence? Yes / No. Explain:

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15. Enclose a typewritten synopsis (brief history) of applicant's behavior.

16. List sports, hobbies, musical instruments, or other activities in which applicant is interested

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17. From what source did you hear about ABM Ministries? \_\_\_\_\_

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18. List persons with whom contact should be made in emergency, should the academy be unable to reach you:

A. Name _____	B. Name _____
Relationship _____	Relationship _____
City, State _____	City, State _____
Telephone _____	Telephone _____

C. Name _____	D. Name _____
Relationship _____	Relationship _____
City, State _____	City, State _____
Telephone _____	Telephone _____

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**Agreements Pursuant to This Application**

Applicants are only admitted on the express condition that the parents/guardians agree to adhere to all of the policies, regulations, and conditions of ABM. **Upon discharge or withdrawal, any unpaid balance on financial accounts for the duration of enrollment shall become immediately due and payable to ABM. School records will be withheld until this contract is satisfied. There are no allowances for partial month enrollment.**

Accepted: \_\_\_\_\_ Father \_\_\_\_\_  
School Official Date

Mother \_\_\_\_\_  
Date

*Please Read Before Signing*

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Date of enrollment

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Date of withdrawal

## Medical and Physical Information part 1:

Student Name: \_\_\_\_\_ SS# \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

### **This Section to Be Completed by a Physician**

**The physician's office form may be used as long as all information requested here is provided.**

DATE: \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_/\_\_\_ PULSE \_\_\_\_\_ TEMP \_\_\_\_\_

VISION WITHOUT GLASSES -RIGHT \_\_\_/\_\_\_ -LEFT \_\_\_/\_\_\_

VISION WITH GLASSES- RIGHT \_\_\_/\_\_\_ -LEFT \_\_\_/\_\_\_

HEART \_\_\_\_\_ EXTREMITIES \_\_\_\_\_ ABDOMEN \_\_\_\_\_

LUNGS \_\_\_\_\_ REFLEXES \_\_\_\_\_ GENITALS \_\_\_\_\_

URINE: SUGAR \_\_\_\_\_ ALBUMIN \_\_\_\_\_ MICROSCOPIC \_\_\_\_\_

TB TINE \_\_\_\_\_ CHEST X-RAY, IF POSITIVE \_\_\_\_\_

THE FOLLOWING BLOOD TESTS ARE RECOMMENDED, BUT NOT REQUIRED:

DRL \_\_\_\_\_ CBC \_\_\_\_\_

### **THE FOLLOWING BLOOD TESTS ARE REQUIRED:**

TUBERCULOSIS \_\_\_\_\_ H.I.V. \_\_\_\_\_ Other STDs \_\_\_\_\_ Drugs \_\_\_\_\_

IS THIS PERSON PHYSICALLY CAPABLE OF BEING ENROLLED IN SCHOOL?

Yes \_\_\_\_\_ No \_\_\_\_\_

ADDITIONAL COMMENTS:

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PHYSICIAN \_\_\_\_\_

Printed Name

(Signature)

ADDRESS \_\_\_\_\_

### **INCLUDE A COPY OF CURRENT IMMUNIZATION RECORD**

Student Name \_\_\_\_\_ SS# \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PARENT**

**STUDENT HISTORY**

CIRCLE ALL THOSE THAT APPLY TO STUDENT  
(Explain below)

DRUG FLASHBACKS  
DIABETES  
EPILEPSY  
RHEUMATIC FEVER  
ARTHRITIS  
SCARLET FEVER  
FREQ. HEAD COLDS  
HIGH BLOOD PRESS.  
LOW BLOOD PRESS.  
TUBERCULOSIS  
KIDNEY DISEASE  
BLADDER DISEASE  
WEIGHT LOSS EXCEED  
10 LBS. PAST YEAR

MUMPS  
SINUS DISEASE  
MEASLES  
CHICKEN POX  
WHOOPING COUGH  
VENEREAL DIS.  
JAUNDICE  
HEART DISEASE  
LIVER DISEASE  
THYROID DIS.  
ADD, ADHD  
DEPRESSION  
ODD  
BI-POLAR

FREQ. TONSILLITIS  
FREQ.CHEST COLDS  
DIPHTHERIA  
PLEURISY  
**Allergies (Medication or other)**  
PNEUMONIA  
EYE TROUBLE  
FREQ. HEADACHES  
TYPHOID FEVER  
ASTHMA  
ANEMIA  
Other:

**FAMILY HISTORY**

*(Parents, Grandparents,  
Brothers & Sisters)*

ALLERGY  
VENEREAL DISEASE  
MENTAL DISEASE  
BRAIN TUMORS  
ARTHRITIS  
EPILEPSY  
CANCER  
TUBERCULOSIS  
HEART DISEASE  
LEUKEMIA  
KIDNEY DISEASE  
DIABETES

DATE OF LAST TETANUS OR DPT INJECTION \_\_\_\_\_

HISTORY OF INJURIES: IF ANY, GIVE SHORT ACCOUNT. IF NONE, INDICATE  
"NONE" \_\_\_\_\_

HISTORY OF OPERATIONS: IF ANY, WHEN? WHAT? IF NONE, INDICATE  
"NONE" \_\_\_\_\_

MEDICATIONS TAKEN REGULARLY PRIOR TO ENROLLMENT

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unless otherwise stated, to the best of my knowledge, \_\_\_\_\_, is in

**overall good physical health.** \_\_\_\_\_  
Signature Date

**INCLUDE A COPY OF CURRENT IMMUNIZATION RECORD**

**ABM MINISTRIES, INC.**

**Admissions Contract**

This agreement is between ABM Ministries, Inc. D/B/A: ABM Ministries, Inc., Christ Community Church, Lighthouse Christian Academy, Piedmont, MO. 63957

And the parent(s)/guardian of (student)

1. The parent(s) affirm they are parent(s) / legal guardian(s) with full legal custody:

2. \_\_\_\_\_  
Full Name of Student

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number

Hereafter is referred to as the "student". The parent(s) desire to contract his/her/stay/participation at ABM.

3. Term: This contract is a minimum of 180 days stay.

4. Charge: Prior to the student arriving at ABM the first month tuition payment of *(\$1,500.00)* is required; additionally an enrollment fee of *(\$1,500)* for Application, Academic Supplies and Scholastic Assessment is required *(Total of \$3,000)*. No refund or release of parental contract will be given unless approved by the program director.

5. Payment terms: Any student accepted for enrollment will pay a monthly tuition charge of *(\$1,500.00)* payable on the first of each month. **Any payment not received on or before the first of each month will be charged a late fee of \$30.00/day for each day the payment is late.**

6. School: Any student boarding at ABM is expected to attend school classes. The student is expected to follow all rules, along with expectations expressed in particular by ABM or the parent.

7. Running Away: It is understood that the student cannot leave the care, instruction, or premises of ABM, without permission of ABM or the parent.

8. Rules: ABM will present a list of expectations and rules along with our discipline guidelines to the parent and student. The student will not be allowed enrollment into ABM unless there is unanimous consent by the parent and student to the rules, and both must sign the rule sheet.

9. Release: Parent agrees to execute a separate Release and Indemnity agreement as part of this contract. This Release and Indemnity Agreement is essential to the purpose of the Contract that ABM be protected from legal claims raised by the parent, student, or third parties incident to this Contract.

10. The parent is responsible to provide medical and accident insurance, on the student, and provide the necessary documentation of such. The parent will pay for any medical, hospital, or accident expense during the student's stay.

11. Guardianship: Parent agrees to execute a separate guardianship agreement turning guardianship of student over to Larry and Carmen Musgrave of ABM. This is intended solely for care, medical and emergency purposes and will terminate upon discharge.

12. Financial Responsibility Provisions: ABM shall do all in its power to prevent students from committing property damage, personal injury, or other criminal acts, but parent(s) agree to be financially responsible for all damages and / or costs incurred from property damage, personal injury, or criminal activity of student. The parent(a) also agree to not hold ABM responsible financially or otherwise for loss or damage of student's personal property.

13. Clothing: Parent(s) are responsible for all necessary clothing needs of the student.

14. Vacations/Trips Home: Parent(s) will be responsible for any and all such expenses.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Parent: \_\_\_\_\_

Parent: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me the undersigned, a notary public in and for said state, personally appeared known to me to be the person(s) whose name(s) is/are subscribed to the within ADMISSIONS CONTRACT and acknowledged to me that he/she/they executed the same. In witness thereof I have hereunto set my hand and affixed my official seal the day and year in the certificate first above written.

NOTARY: \_\_\_\_\_

NOTARY PUBLIC residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_\_.