

The Barnes Academy

"Where Inspiration Joins Education"

PLEASE DIRECT ALL APPLICATION
MATERIAL TO:

*The Barnes Academy
154 Hart Service Road
Hartwell, Ga. 30643
barnesacademy05@gmail.com*

International Student Application 2025-26

Please complete an application form for each student either clearly printed or typed in English. A non-refundable I-20 fee of \$500.00 per student is due with the initial application before an issuance of the I-20. The Barnes Academy accepts international students in grades 5th—12th. Below are the steps for being accepted and registering for classes at The Barnes Academy.

STEP 1: SUBMIT FORMS AND FEES

- ___ **I-20 Fee of \$500.00 US dollars**
- ___ **Completed and signed application.** All forms must be completed in English.
- ___ **Official Transcripts**—all transcripts must be official transcripts and must be translated into English.
- ___ **Evaluation/Recommendation Forms.** Please include these forms completed by the student's current teachers. All forms must be done in English.
- ___ **Copy of current passport**
- ___ **Proof of sufficient funds to attend school (bank statement)**

After a student is accepted, we will need the following items at enrollment:

- ___ **Financial Policy Agreement form and Payment:** A \$500.00 (one time) I-20 fee must be paid in full before an I-20 can be issued and student accepted. Once your student is enrolled in our program, you will need to complete the financial policy agreement form and pay the \$500.00 registration fee. All tuition, curriculum, and homestay fees are due before the first day of class. **There are no refunds on any fees!**

I-20 Issuance: Students from all countries are required to be covered on insurance. Many companies will give a large, discounted rates for international students. One suggestion is, Mission Safe 770-394-3800 travel@missionsafe.com www.missionsafe.com

The Barnes Academy

STEP 2: STUDENT INTERVIEW

For our staff to serve your student appropriately, we arrange a Zoom or Facetime call to interview and get to know him/her. This is part of the application process, so it must occur before admittance in the academy.

STEP 3: NOTIFICATION OF ACCEPTANCE

We will notify you as quickly as possible about your acceptance to The Barnes Academy and your placement in homestay. Upon acceptance, an I-20 will be issued after the I-20 fees are paid.

STEP 4: FINAL FORMS TO BE SUBMITTED

The following additional forms are due prior to the start of school

Medical Forms:

- **Hearing/Vision/Dental Form 3300**
- **Birth Certificate**
- **Immunization Form GA 3231**
- **Notarized Guardianship Letter**

STEP 5: HOUSING ARRANGEMENTS

Before arrival, the student will be paired with a host family and an additional zoom or Facetime will occur for them to meet and discuss airport pick-ups.

STEP 6: WELCOME TO AMERICA!

**** Due to Covid -19, students must test negative for Covid before flying to the United States. They will then be quarantined in the host family's home for an additional 10 days.***

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Registration Application 2025-2026

Grade Applying for: _____ Application Date: _____

Agency: _____

Student's Legal Name: _____ Date of Birth: _____

Surname: _____ Given Name: _____

Address: _____

_____ Country/Country _____

Sex: ☐ Male ☐ Female

US Mailing Address:

_____ *Street* _____ *City* _____ *State* _____ *Zip*

Home Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____

Last School Attended: _____ Grade: _____

Student Lives with ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Guardian

Other: _____ Who has legal custody? _____

Parents are: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Other

Has applicant ever applied for admission to The Barnes Academy: Yes ☐ No ☐

Medical:

Medical Conditions and/or allergic reactions: _____

Has your child ever been diagnosed with dyslexia or ADHD? _____

Does your child have any medical conditions which need to be brought to the attention of our school personnel?

Yes ☐ No ☐ If yes, please explain: _____

Is your child currently on medication? _____

If yes, please explain: _____

Does your child use any medication on a regular basis? _____

If yes, please explain: _____

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Family Information

Father's Name: _____
Address: _____

Occupation: _____
Employer: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Mother's Name: _____
Address: _____

Occupation: _____
Employer: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

US Guardian Information:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Emergency Contact: (Other than parent or guardian) _____

Home/Work Phone Number: _____ Cell Phone Number: _____

CONFIDENTIAL STUDENT INFORMATION

1. Has applicant ever made a profession of faith in Jesus Christ? Yes ____ No ____
2. Educational Background: List applicant's current and any previous schools attended, including Kindergarten
3. Has applicant ever been suspended or expelled from another educational institution? NO _____ Yes / Explain _____

Name of School	City, State	Grades Attended

154 Hart Service Road
Hartwell, Ga. 30643

Office: 706-377-3856
Fax: 678-348-7643

www.barnesacademy.org
sarahlecroy@yahoo.com

The Barnes Academy

MEDICAL TREATMENT FORM

In the event that my child becomes ill or is injured while under school supervision, I approve the school authorities to take the following steps in the following order:

1. Contact a parent or legal guardian of the student and follow his or her instructions.
2. In the event of an emergency, when neither parent nor legal guardian can be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician, or in transporting my child to the nearest hospital for consultation and/or treatment. Such transportation is to be done either by school provided transportation, or if school officials deem it wise, by ambulance.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, or empower the Principal or his designated representative, to furnish on my behalf such written or oral authorization as may be so required. Furthermore, I release the Principal, or his designated representative, The Barnes Academy, from any liability, which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises.

Does this student have any physical or emotional problem(s), which require special medication?

If yes, please explain: _____

Does this student have any medical allergies?

If yes, please explain: _____

My child can take the following medications:

Tums _____	Tylenol _____	Ibuprofen _____	Benadryl _____
Anti-Acid _____	Anti Itch Cream _____	Other _____	

Does your student have any latex allergy? _____

Does your student use an inhaler _____ or an epi Pin? _____

Do we have the right to have your student's photo used in publications? _____

Signature of parent/guardian: _____ Date: _____

The Barnes Academy

STATEMENT OF FAITH

We believe in the Father, and the Son and the Holy Spirit of Almighty God. We believe that Jesus died on the cross for our sins, arose three days later, thus having victory over sin and death. We believe in The Holy Bible in its entire text and our school was founded on these beliefs.

MISSION STATEMENT

Our goal is to develop an individualized curriculum for each student to enhance their learning style and reach their full potential in Christ.

CORE VALUE STATEMENTS

1. Love the Lord your God with all your heart and all your soul and with all your mind and with all your strength. (*Mark 12:30*)
2. Love your neighbor as yourself. (*Mark 12:31*)
3. “And whatsoever ye do, do *it* heartily, as to the Lord, and not unto men; knowing that of the Lord ye shall receive the reward of the inheritance: for ye serve the Lord Christ.” Colossians 3:23-24

The Barnes Academy

FAMILY AND STUDENT COMMITMENT AGREEMENT

In order to protect the integrity of the academy, we ask that all students and parents respect and abide by the rules that are covered in the Student/Parent Handbook. Also, to keep our vision alive we ask that parents stand behind us on disciplinary actions. The Bible says in Matthew 12:25, "Every kingdom divided against itself is brought to desolation; and every city or house divided against itself shall not stand". In order to provide the best atmosphere academically and spiritually, we must work together. According to Ephesians 4:29, "Let no unwholesome word proceed from your mouth, but only such a word as is good for edification according to the need of the moment, so that it will give grace to those who hear." We will not tolerate profanity or inappropriate language at any time. This includes defamation of the character of another student, staff, parent, or the academy. In order to flourish as Christian educators and parents, we must strive to follow God's rules not our own. We must learn to take full responsibility for our actions and have repentant hearts for our transgressions just as the Israelites did when they stole from the plunder from Ai. (Joshua 7) This characteristic must flow through in the attitude, classwork, and respect each child exhibits in the academy for it to be blessed. We stand completely on the Word of God, The Holy Bible, and expect our students, parents, and staff to exemplify Christ to the best of their ability.

If at any time, we, The Barnes Academy, feel that children, parents, or staff are not in complete agreement with the above mission statement, we reserve the right to separate ourselves and proceed with the vision God has laid before us.

I, _____, and my child,

_____, understand the mission of The Barnes Academy and will support this ministry to the best of our ability. We understand that the academy reserves the right to expel a child due to his/her behavior and the behavior of his/her parents. We respect this mission because it protects the integrity and educational foundations attached to The Barnes Academy thus protecting our child.

Mother's Signature

Student's Signature

Father's Signature

Administrator's Signature

I beseech you therefore, brethren, by the mercies of God, that ye present your bodies a living sacrifice, holy, acceptable unto God, which is your reasonable service. And be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God." Romans 12:1-2

The Barnes Academy

International Student Invoice 2025 - 2026

International Student Name:

Invoice Date:

Invoice Due Date: before arrival

<u>Fee</u>	<u>Amount</u>	<u>Times</u>	<u>Total</u>
Application Fee	\$ 500.00	1	\$ 500.00
Registration Fee	\$ 600.00	1	\$ 600.00
Curriculum & Technology	\$ 600.00	1	\$ 600.00
Tuition	\$6,500.00	1	\$ 6,500.00
Housing	\$9,000.00	1	\$ 9,000.00
Uniforms	\$ 200.00	1	\$ 200.00
Supply Fee	\$ 50.00	1	\$ 50.00
Activity & Fine Arts Fee	\$ 500.00	1	\$ 500.00
<u>Total</u>			<u>\$ 17,950.00</u>

Possible fees

Graduation Fee	\$ 300.00	1	\$ 300.00
Field Trip	\$1,000.00	1	\$ 1,000.00

**Payment options include a check, bank wire, or credit card. Please note that a fee of 4% will be added to the total due for any credit card payments.*

Bank Wire Transfer Information:

Bank Name: First Citizens Bank

ABA# 053100300

SWIFT Code: FCBTUS33

Routing# 061191848

Bank Address: 86 W Franklin St.
Hartwell, GA 30643

Bank Telephone# 1-706-376-2211

Beneficiary: The Barnes Academy
154 Hart Service Rd
Hartwell, GA 30643

Account# 800084346901

Thank You,

Sarah P. LeCroy, Administrator/PDSO
The Barnes Academy, INC.

154 Hart Service Road
Hartwell, Ga. 30643

Office: 706-377-3856
Fax: 678-348-7643

www.barnesacademy.org
sarahlecroy@yahoo.com

The Barnes Academy

CONFIDENTIAL CLASSROOM TEACHER REFERENCE MATH (5th-12th GRADES)

Parent

Please sign this waiver and submit this form to the applicant's classroom teacher. Thank you.

My child is an applicant for admission to The Barnes Academy. I hereby authorize you to release to TBA the following confidential reference form *that you should mail directly to The Barnes Academy Admissions Office*. I waive my right to review the information provided on this form.

Parent's Signature

Date

Student's Name: _____ Grade: _____

School Name: _____ Teacher: _____

School Address: _____

Teacher:

Please assess the above named student in relation to peers in his/her present school. Additional comments are appreciated and may be attached separately.

Please rank the student's level of performance in each of the following areas:

	Excellent	Satisfactory	Poor
Completes Class Assignments			
Turns in Homework Assignments			
Works Well in Groups			
Performs on Grade Level			
Pays attention/Stays on Task			
Works to the best of his/her ability			
Makes good use of time			
Works independently			
Interacts well with other students			
Respects the rights and property of others			
Respectful and courteous to others			
Accepts adult authority/discipline			
Follows class rules			
Accepts responsibility for his/her behavior			
Attendance			

The Barnes Academy

Please make a short comment on the following:

Do you have any concerns or comments regarding this student's academic performance? Please explain any concerns: _____

Parental support and involvement _____

Has outside help been recommended? Yes No Been Given: Yes No

Please explain: _____

Describe how well the applicant is respected by adults/peers _____

Additional comments _____

Please indicate your recommendation for admission to The Barnes Academy here:

	<i>Strongly Recommend</i>	<i>Recommend</i>	<i>Do Not Recommend</i>
Academic Promise	☐	☐	☐
Character and Personality	☐	☐	☐
Overall Recommendation	☐	☐	☐

have known this student for _____ years.

Teacher's Name (please print): _____

Signature

Date

School Address

Telephone

City

State

Zip

The Barnes Academy

CONFIDENTIAL TEACHER REFERENCE ENGLISH (5TH -12TH GRADE)

Parent

Please sign this waiver and submit this form to the applicant's classroom teacher. Thank you.

My child is an applicant for admission to The Barnes Academy. I hereby authorize you to release to TBA the following confidential reference form *that you should mail directly to the **The Barnes Academy Admissions Office***. I waive my right to review the information provided on this form.

Parent's Signature

Date

Student's Name: _____ Grade: _____

School Name: _____ Teacher: _____

School Address: _____

English/Math Teacher:

Please assess the above named student in relation to peers in his/her present school. Additional comments are appreciated and may be attached separately.

Please rank the student's level of performance in each of the following areas:

Academic Characteristics	Excellent	Above Average	Average	Below Average	Non Applicable
Reading Skills					
Writing Skills					
Grammar					
Originality of thought					
Effort					
Study Habits					
Completion of work on time					
Peer Relations					
Respect for Authority					
Reaction to Criticism					
Leadership Ability					
Self-Confidence					

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Return this form to:

The Barnes Academy * 154 Hart Service Road * Hartwell, Ga. 30643

Please make a short comment on the following:

Parental support and involvement: _____

Has outside help been recommended? Yes No Been Given: Yes No

Please explain: _____

Applicant's social and emotional development compared with others of the same chronological age

	<i>Strongly Recommend</i>	<i>Recommend</i>	<i>Do Not Recommend</i>
Academic Promise	☐	☐	☐
Character and Personality	☐	☐	☐
Overall Recommendation	☐	☐	☐

Describe how well the applicant is respected by adults/peers _____

Please indicate your recommendation for admission to The Barnes Academy here:

I have known this student for _____ years.

Teacher's Name (please print): _____

Signature

Date

School Address

Telephone

City

State

Zip

154 Hart Service Road
Hartwell, Ga. 30643

Office: 706-377-3856
Fax: 678-348-7643

www.barnesacademy.org
sarahlecroy@yahoo.com

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CONFIDENTIAL PRINCIPAL REFERENCE (5TH -12TH GRADE)

Parent

Please sign this waiver and submit this form to the applicant's principal. Thank you.

My child is an applicant for admission to The Barnes Academy. I hereby authorize you to release to FCS the following confidential reference form *that you should mail directly to **The Barnes Academy Admissions Office***. I waive my right to review the information provided on this form.

Parent's Signature

Date

Student's Name: _____ Grade: _____

School Name: _____ Teacher: _____

School Address: _____

Principal:

Please assess the above named student in relation to peers in his/her present school. Additional comments are appreciated and may be attached separately.

Confidential Information

1. In what capacity have you known the applicant? _____

2. Please comment on the applicant's attitude toward school. _____

3. Does applicant exhibit a motivation for or apathy toward learning? Does applicant's behavior foster or

inhibit learning among his/her classmates? _____

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Principal Signature

Name (Please Print)

Date

Return this form to:

The Barnes Academy * 154 Hart Service Road * Hartwell, Ga. 30643

PHOTO/AUDIO/VIDEO RELEASE

I hereby irrevocably consent to and authorize the reproduction, publication and/any other use by The Barnes Academy, Inc., its licensees and assigns, of the photographs/audio/video identified below, in whole or part in conjunction with other photographs/audio/video, in any medium and for any lawful purpose, including illustration, promotion, advertising or web content, without any royalty or compensation to me.

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I waive any right to notice, inspection, or approval of any use of the photographs/audio/video which The Barnes Academy, Inc. may make or authorize, and I release The Barnes Academy, Inc., and its licensees and assigns, from any claim or liability arising from or in connection with The Barnes Academy, Inc.'s use of the photographs/audio/video or any alteration, processing or use thereof in composite form, whether intentional or otherwise.

PHOTOGRAPHS/AUDIO/VIDEO:

FOR MINOR: I am the parent/guardian of _____

I have read and understand the above. I consent to the foregoing on his/her behalf.

Parent Signature: _____ Date: _____

Print Name: _____

Address: _____

The Barnes Academy

Dress Code

Elementary (Pre-K – 4th)

Dress code for young ladies is as follows:

- A “Barnes Academy” blue or white polo uniform shirt (Can only be purchased from the academy)
- Below the knee khaki skirt, khaki jumpers, loose fitting khaki capris, khaki shorts (to the knee), or khaki slacks
- Belt if pants have loops
- Clean dress shoes or tennis shoes (NO FLIP FLOPS) All shoes must have a strap on the back.
- Hair must be neatly groomed.

Rotation (5th – 12th)

Dress code for Rotation is as follows:

- A “Barnes Academy” yellow or black polo uniform shirt (Can only be purchased from the academy)
- Below the knee khaki skirt, khaki jumpers, loose fitting khaki capris, khaki shorts (to the knee), or khaki slacks
- Clean dress shoes or tennis shoes (NO FLIP FLOPS or SLIDES). All shoes must have a strap on the back.
- No extra body piercing (tongue rings, eyebrow piercing, ETC....) No piercing on boys.
- Hair must be neatly groomed (Including facial hair) .

****All clothes must be neat in appearance. No unnecessary skin should show at any time.**

Dress Down Fridays

Students are allowed to wear jeans and tops of their choice on Fridays. Jeans must be of good taste with NO HOLES in them. Tops with writing must be appropriate for all ages to read. (Tops with sexual, occult, or offensive messages are strictly prohibited.) Also, NO CLEAVAGE is allowed to be shown! Remember this is a Christian school, so clothing should exemplify the characteristics of Christ.

I, _____, completely understand the dress code and will abide by it.

Student's Signature

Parent's Signature

Date _____ 20 ____

The Barnes Academy

Policies and Procedures

Established 2005

1. *Classes begin promptly at 8:00 AM. Please be an example to your child and have them at the academy on time.*
2. *Afternoon release is 3:00 PM. Please, understand that this is for release only! If you need to speak to your child's teacher, he/she will be available at 3:15 for conferences.*
3. *Students that are remaining at school after 3:00 PM without prior arrangements will be sent to the after-school program and charged a \$5.00 fee for this program. Please remember that our teachers have other obligations to their families, churches, and community after school.*
4. *Students can only be released to authorized parents and guardians. If you have a change of transportation in the afternoon, please notify the office of these changes otherwise your child will not be released. Identification is required for anyone new picking up a child.*
5. *All student drivers must have a copy of their license and current insurance card on file in the office in order to drive on campus.*
6. *Seniors with only 3 classes to complete may leave at 12:30 if they are enrolled in dual enrollment classes or if they have an after-school job.*
7. *Emergency contact numbers and medical release forms must be kept current in the front office in case of an emergency.*
8. *All medications must be given to your child's teacher at the beginning of the day and a medication administration form must be filled out before any medication can be administered.*
9. *All students must have current immunization records in the front office in order to remain at the academy.*
10. *According to Georgia state law, children between the ages of 7 and 16 must attend school. Students are required to be present at school or have a written excuse from home and/or a physician. Any student missing more than 10 days in a semester will be required to attend summer school. This will be pro-rated according to the number of days over 10 missed by the student. **This is strictly enforced!***
11. *Tuition is due on the first school day of each month. We are trying to keep tuition rates down and yet compensate our staff appropriately. Prompt payment of tuition will ensure this.*
12. *Afternoon tutoring is available to any student that requires extra help for an additional fee of \$20.00 per hour and \$15.00 per ½ hour. This fee is due at the time of the service to the tutor.*

****I completely understand these policies and procedures and will follow them to the best of my ability.***

Parent/Guardian's Signature

The Barnes Academy

It is now required that confirmation of flight information and signed approval from Local Representative, and Home Office is needed for travel/flight approval during School Vacation Dates. We ask this to be approved 3 weeks prior to departure. (Urgent requests may also be approved depending on circumstances)

I Do hereby give my Son/Daughter _____ Permission to Travel to:

City: _____ State: _____ Country: _____

My Son/Daughter will be traveling from (Dates): _____ to _____

Airline: _____ Flight Number: _____

Airport of Departure: _____ Airport of Arrival: _____

My Son/Daughter will be staying/traveling with:

Name _____ Age: _____

Address _____

Phone _____ E-mail _____

Signed (By Parent or Guardian) _____

Printed Name _____

Date _____

Flight/travel corresponds with school dates or is approved by School Official.

Local / School Representative:

Print Name _____

Signature _____

Parents:

Print Name _____

Signature _____

The Barnes Academy

2025-2026 Calendar

July 28- August 1, 2025
July 31, 2025
July 31, 2025
August 4, 2025
September 1, 2025
September 5, 2025
September 25, 2025
September 29 - October 3, 2025
October 13, 2025
October 16, 2025
November 3-7, 2025
November 17, 2025
November 21, 2025
November 24 – 28, 2025
December 6, 2025
December 17-18, 2025
December 19, 2025
December 23, 2024 – January 5, 2026
January 5, 2026
January 6, 2026
January 9, 2026
January 16, 2026
January 16, 2026
January 17, 2026
January 19, 2026
February 13, 2026
February 13, 2026
February 16 – 20, 2026
March 13, 2026
March 20, 2026
April 2, 2026
April 3, 2026
April 6-10, 2026
April 17, 2026
April 20 – 23, 2026
April 24, 2026
April 27, 2026
April 27 – May 1, 2026
April 27 – May 1, 2026
May 7, 2026
May 8, 2026
May 15, 2026
May 19, 2026
May 19, 2026
May 20-21, 2026
May 22, 2026
May 22, 2026
May 22, 2026
May 23, 2026

Pre-Planning
Drop in orientation for Middle and High School (3pm – 5pm)
Orientation for Elementary 6:00 pm
First Day of School!
Labor Day Holiday
S1 Progress Report 1
Science Fair
Fall Break
S1 Progress Report 2
Pumpkin Patch (TENTATIVE)
Middle School trip (TENTATIVE)
S1 Progress Report 3
Thanksgiving with the Family 11 am
Thanksgiving Break
Little Town of Bethlehem 5 pm – 7:30 pm
1st Semester Finals
Christmas Parties
Christmas Break
Teacher Workday
Students return to school
Report Cards for 1st Semester
100th DAY OF SCHOOL “PARTIES”
Homecoming Game 6:00 pm
Homecoming Dance 6:00 pm – 9:00 pm
MLK Day School Holiday
S2 Progress Report 1
Valentines Day Parties
Winter Break
PSAT 9-11th grades
S2 Progress Report 2
Night of Fine Arts 6:00 pm
Service of the Nails 11:00 am
Spring Break
Spring Formal
ITBS Elementary Students Only
Elementary Field Day
S2 Progress Report 3
High School Field Trip
ITBS Middle School Only
Sport’s Banquet
MS/HS Field Day
MS/HS Awards 1:00 pm
LAST DAY OF SCHOOL - ELEMENTARY
Elementary Awards and Kindergarten Graduation 6 pm
2nd Semester Finals
Graduation Practice 9 am – 12 pm
Senior Roast 6:00 pm
LAST DAY OF SCHOOL – MS/HS
Graduation 2:00 pm

The Barnes Academy

May 26-29, 2026

Post planning/ Report Cards mailed

Letter from parents:

*154 Hart Service Road
Hartwell, Ga. 30643*

*Office: 706-377-3856
Fax: 678-348-7643*

*www.barnesacademy.org
sarahlecroy@yahoo.com*

The Barnes Academy

Letter from student:

The Barnes Academy

Host Placement 2025/2026

Surname: _____ Given Name: _____
Preferred Name: _____ Nationality: _____
Entering Grade: _____ Date of Birth: _____
Agency: _____

Contact Information:

We use Messenger, What's App, and Telegram to communicate with parents of international students.

Preferred Contact App: _____

Mother's Name: _____

Mother's Email Address: _____ Cell Number: _____

Father's Name: _____

Father's Email Address: _____ Cell Number: _____

About Me:

Student's Interests: _____

Student's Strengths: _____

Student's Weaknesses: _____

Would you be comfortable in a home with inside pets? _____

Would you be comfortable attending church with your host family? _____

Do you have siblings? _____ If so, please name them and their ages below:

Placement:

Host Family: _____

Home Address: _____

The Barnes Academy

Cell Number: _____ Email: _____

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