



**PRODIGY LEADERSHIP ACADEMY  
ADMISSION APPLICATION CHECKLIST  
(Step One)**

Please complete all applicable items listed below and mail to:

Admissions Office  
Prodigy Leadership Academy  
P.O Box 2172  
Cape Girardeau, MO 63702

- Application for Admission** - all information must be complete, including signatures and social security numbers.
- Confidential school recommendation Form** – Grades 1-High School only, deliver this form to the applicant’s school. It must be completed and returned for your application to be considered.
- Parent Questionnaire**
- Tuition Agreement**
- Current report card from the applicant’s school** – Grades 1-High School only.
- Student Essay** – Grades 7-High School, include a 75–100-word essay, handwritten by the student, explaining what type of student you will be, spiritually, academically, and behaviorally.
- Applicates Photo** – A wallet size photo of your child to help us connect a face with the name.
- \$25 Non-Refundable Application Fee**



# PRODIGY LEADERSHIP ACADEMY APPLICATION FOR ADMISSION

Application for Admission in 20\_\_\_\_\_

<b>For Office Use Only:</b> Date Rec'd: _____ Start Date: _____ Reviewed by: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reviewed by: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reviewed by: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied
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## APPLICANT INFORMATION:

Applicant's name: \_\_\_\_\_ (last) \_\_\_\_\_ (first) Gender: M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering: \_\_\_\_\_

Applicant resides in school district #: \_\_\_\_\_ SS#: \_\_\_\_\_ Date Entering: \_\_\_\_\_

Applicant lives with (check all that apply):  Father  Mother  Stepfather  Stepmother  Legal Guardian

If separated or divorced, who has legal custody?  Father  Mother  Both/Joint  Legal Guardian

Ethnicity (check one):  Asian/Pacific Islander  African American  Hispanic/Latino  Caucasian  Native American  Other

Please list our name, address and home phone number in the school telephone directory.  Yes  No

## FAMILY INFORMATION: See page two if additional space is needed for information on other adults involved in parenting.

**Father or legal guardian:** \_\_\_\_\_ (last) \_\_\_\_\_ (first) SS#: \_\_\_\_\_

Stepmother (if applicable): \_\_\_\_\_

Address (if different than student's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address to access school communication: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital status: Single  Married  Separated  Divorced  Remarried  Widowed

**Mother or legal guardian:** \_\_\_\_\_ (last) \_\_\_\_\_ (first) SS #: \_\_\_\_\_

Stepfather applicable): \_\_\_\_\_

Address (if different than father's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address to access school communication: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital status:  Single  Married  Separated  Divorced  Remarried  Widowed

Please list any relatives who previously attended Prodigy Leadership Academy and their relationship to the applicant:

\_\_\_\_\_

Do you have Internet access at home or work?  Yes  No

What languages other than English are spoken in the home? \_\_\_\_\_

Names and ages of other children in family: \_\_\_\_\_

\_\_\_\_\_

Has the applicant ever been suspended, expelled or denied admission to a school?  Yes  No If yes, when? \_\_\_\_\_

Why? \_\_\_\_\_

Has the applicant repeated any grades?  Yes  No If yes, which one(s)? \_\_\_\_\_

Applicant's average grades have been:  A's  B's  C's  D's

**Has the applicant ever received educational services/assistance or been seen by a learning specialist, school psychologist or other mental health professional? Please check if any of the following are true:**

- Been diagnosed with ADD, ADHD, dyslexia, etc.**
- Been tested and/or diagnosed as learning disabled**
- Been under medication of which the school should be aware**
- Current I.E.P. (Individual Education Plan)**
- Physical handicaps or difficulties**
- Mental Health Services**

**Previous educational experience:** List the school(s) the applicant has attended in the last two years: (Please be specific, include all information on previous schools.)

1. School: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. School: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. School: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. School: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDITIONAL PARENT INFORMATION:** Please provide additional parent information not included on the front page, i.e. non-custodial/joint custody parents, or additional stepparents. This is to ensure that all adults involved in parenting receive necessary information from the school. It is not necessary to repeat information from the previous page.

**Full name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Authorized to pick up child, check here:**

**Emergency contact, check here:**

**If this information should be listed in the school telephone directory, check here:**

Has the applicant made a profession of faith in Jesus Christ? Yes  No  Has father? Yes  No  Has mother? Yes  No

Where is your current church membership? \_\_\_\_\_

Name of pastor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

How would you describe the family's religious views? \_\_\_\_\_

What is the family's religious/denominational affiliation? \_\_\_\_\_

**Prodigy Publications:** Please complete this information only if you want other family members or friends to receive the monthly newsletter and other applicable communications from the school.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**QUESTIONS FOR APPLICATION TO Grades 4-High School ONLY (Must be completed by the applicant)**

What are your favorite subjects? \_\_\_\_\_

What subjects are difficult for you? \_\_\_\_\_

Have you used drugs, tobacco, or had alcoholic beverages in the last six months? Yes  No  If yes, please explain.

In your own words, why are you interested in attending Prodigy Leadership Academy? \_\_\_\_\_

If you are accepted at Prodigy Leadership Academy what type of student will you be spiritually, academically, and socially?

**All applicants in Grades 7-High School, please attach a 75-100 word essay, handwritten by you, the applicant, explaining what type of student you will be spiritually, academically, and behaviorally.**

The following items must be included with this completed application:

- 1) Non-refundable application fee of \$25.00    2) Birth Certificate    3) Essay (Grades 7-8 only)    4) Vaccination Records

This application does not ensure final enrollment, but provides information upon which a decision will be based.

If accepted for enrollment but classes are full at that time, you may request to be placed in the waiting list.

**Declaration:**

I affirm all of the information contained in this application is true and accurate to the best of my knowledge. I understand providing false information could be reason for rejection of this application of dismissal from school should I be accepted. I also understand I may be asked to provide additional written information if necessary.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Grades 4-High School only)*

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***PLEASE RETURN APPLICATION TO THE ADMISSIONS OFFICE:***

Admissions Office  
Prodigy Leadership Academy  
P.O. Box 2172  
Cape Girardeau, MO 63702

*If you have any questions, please contact us at 573-803-1338*

Prodigy Leadership Academy admits students of any race, color, gender, or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, or national and ethnic origin.



# PRODIGY LEADERSHIP ACADEMY

## CONFIDENTIAL SCHOOL RECOMMENDATION FORM FOR ADMISSION TO GRADES 1-High School

**Teacher or School Director:**

We appreciate your cooperation in completing this confidential form. Please be candid about this student's academic ability and motivation. All information received from you is confidential. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing, and developing. This form is only one factor in the admission process. If you have questions or concerns, feel free to contact the school's admissions director at (573) 803-1338. Thank you for your assistance.

Name of student: \_\_\_\_\_ Current grade level: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Relationship to student:  Current teacher  Former teacher  School administrator  Other \_\_\_\_\_

I have known this student \_\_\_\_ years and \_\_\_\_ months.

What subject areas do/did you teach this student? \_\_\_\_\_

Your school's name: \_\_\_\_\_

School address: \_\_\_\_\_

School telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Character & personality traits				
<i>Conduct</i>	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Usually good behavior	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Frequent disruptions
<i>Leadership</i>	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Contributing	<input type="checkbox"/> Minor activities	<input type="checkbox"/> Few or no activities
<i>Emotional maturity/stability</i>	<input type="checkbox"/> Very mature	<input type="checkbox"/> Average	<input type="checkbox"/> Somewhat immature	<input type="checkbox"/> Few or no activities
<i>Social relationships</i>	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Has minor problems	<input type="checkbox"/> Relates poorly	<input type="checkbox"/> Very immature
<i>Self-confidence</i>	<input type="checkbox"/> Healthy self-image	<input type="checkbox"/> Needs some support	<input type="checkbox"/> Needs much reassurance	<input type="checkbox"/>
<i>Integrity</i>	<input type="checkbox"/> Very trustworthy	<input type="checkbox"/> Usually trustworthy	<input type="checkbox"/> Not trustworthy	<input type="checkbox"/>
<i>Sense of responsibility</i>	<input type="checkbox"/> Very responsible	<input type="checkbox"/> Usually responsible	<input type="checkbox"/> Sometimes responsible	<input type="checkbox"/> Irresponsible
<i>Interaction with adults</i>	<input type="checkbox"/> Comfortable	<input type="checkbox"/> Dependent	<input type="checkbox"/> Shy	<input type="checkbox"/>

**Please check the words that you feel describe this applicant.**

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Disobedient        | <input type="checkbox"/> Honest          | <input type="checkbox"/> Organized         | <input type="checkbox"/> Self-Centered    |
| <input type="checkbox"/> Anxious       | <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Influential     | <input type="checkbox"/> Over-Protected    | <input type="checkbox"/> Self-Disciplined |
| <input type="checkbox"/> Articulate    | <input type="checkbox"/> Follower           | <input type="checkbox"/> Irritable       | <input type="checkbox"/> Passive-Resistant | <input type="checkbox"/> Shy              |
| <input type="checkbox"/> Cheerful      | <input type="checkbox"/> Good Listener      | <input type="checkbox"/> Manipulative    | <input type="checkbox"/> Perfectionist     | <input type="checkbox"/> Social           |
| <input type="checkbox"/> Confident     | <input type="checkbox"/> Happy              | <input type="checkbox"/> Motivated       | <input type="checkbox"/> Positive Leader   | <input type="checkbox"/> Well Liked       |
| <input type="checkbox"/> Conscientious | <input type="checkbox"/> Helpful            | <input type="checkbox"/> Negative Leader | <input type="checkbox"/> Responsible       |   |

**Parent involvement:**  Active  Occasionally Active  Rarely Active  Uninvolved

**Parent cooperation:**  Very cooperative  Usually cooperative  Not Cooperative

<b>Academic traits</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<i>Academic potential</i>				
Self motivation				
Student habits – organization of time & material				
Attention span				
Commitment to homework				
Ability to follow directions				
Ability to work independently				
Ability to express ideas in writing				
Attendance				
Comments (optional):				

Does the student have any outstanding abilities or deficiencies not covered by the above categories?

Yes  No

Are you aware of any independent evaluations for physical, emotional, or academic reasons regarding this student?

Yes  No

Does the student receive any special accommodations?

Yes  No

Does the student have an Individual Education Plan (IEP) or other?

Yes  No

If yes to any of the above, please explain:

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**After completion of this form, please mail to the Admissions Director at the address below:**

Prodigy Leadership Academy  
 Admissions  
 P.O. Box 2172  
 Cape Girardeau, MO 63702

Thank you for your time and effort in evaluating this student and assisting both the applicant and PLA. You are welcome to call if you would like to discuss the candidate personally. Your information will remain confidential.

Russell Grammer, Director  
 Office Telephone: (573) 803-1338  
 Email: r.grammer@goprodigy.org



# PARENT QUESTIONNAIRE

Parent Name: \_\_\_\_\_ Child Name: \_\_\_\_\_

Please take your time to answer the following questions as clearly and completely as possible. Your answers will help us design the most appropriate education to fit the needs of your child and your family. Any questions that you do not feel comfortable answering please disregard. All information contained within this questionnaire will be confidential and only viewed by PLA admissions directors.

## Spiritual

1. Please describe your personal faith position and what your child believes.  
\_\_\_\_\_  
\_\_\_\_\_
2. How would you describe your family's practice of faith and/or religious activities on a regular basis? (e.g. attend church, pray before meals, give to charities, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
3. In what ways would you appreciate having the teachers and administrators reinforce your family beliefs and practices of faith? (e.g. daily prayer, Bible reading, singing, specific teachings)  
\_\_\_\_\_  
\_\_\_\_\_

## Intellectual

1. How would you describe your child's intellectual ability compared to peers? (e.g. below average, average, above average)  
\_\_\_\_\_  
\_\_\_\_\_
2. Please indicate your child's interest in each of the following subjects by writing *No interest*, *Little interest*, *Great interest*, or *Can't get enough*.
  - a. Math \_\_\_\_\_
  - b. Reading \_\_\_\_\_
  - c. Writing \_\_\_\_\_
  - d. Spelling \_\_\_\_\_
  - e. Science \_\_\_\_\_
  - f. Social Studies \_\_\_\_\_
  - g. Art \_\_\_\_\_
  - h. Music \_\_\_\_\_
3. How often does your child read as a hobby — without your prompting?  
\_\_\_\_\_  
\_\_\_\_\_
4. Describe your child's view of problem solving. Please share a particular example (e.g. Does your child "shut down" when faced with a difficult challenge or enjoy challenges?).  
\_\_\_\_\_  
\_\_\_\_\_

## Social

1. Describe your child's friendships.  
\_\_\_\_\_  
\_\_\_\_\_
2. Does your child get along better with younger children, same age peers, older peers, or adults? Please explain your thoughts on this.  
\_\_\_\_\_  
\_\_\_\_\_



3. What sports or extracurricular activities does your child play?

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4. Would you describe your child as shy or outgoing? Please give an example.

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**Physical**

1. Is your child able to participate in regular physical activities such as running, jumping, climbing, and swimming?

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2. Describe any special physical needs your child has.

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3. Describe the eating habits of your child (e.g. favorite foods, snacking practices, meal times, etc.).

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4. Would you say your child looks for opportunities to be physically active or avoids them? ( e.g. if given an option of television/video or playing outside, which?)

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**Emotional**

1. Describe your child's typical response to being denied his or her way.

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2. Circle three of the following words to describe your child: happy, sad, angry, joyful, energetic, loud, quiet, confident, insecure

**Character**

1. Has your child been accused of lying, cheating, or stealing? Please explain.

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2. When your child is being confronted with wrong behavior, which would be the most typical response? Circle one:

remorse, blame others, argue

3. Please describe your child in the following areas:

a. Following directions

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b. Being helpful

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c. Completing tasks

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d. Taking care of belongings

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e. Manners

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4. In what ways do you teach character traits in your home? (e.g. respect, submission, personal responsibility, morality, service) Please share any specific examples that come to your mind.

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Thank you for your time and consideration in these answers. I certify that the above answers are true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## TUITION AGREEMENT

Student(s) Name: (one per family) \_\_\_\_\_

2021-2022 School Year	First Child	Second Child	Third Child, etc.
K-High School	\$6,120	\$5,508	\$4,896
Pre-K	\$4,860	\$4,860	\$4,860

- 12 Monthly payments due on the first of each month beginning August 1
- 4 Quarterly payments to be collected Aug. 1, Nov.1, Feb. 1, and May 1
- 1 Payment due August 1 – no discounts are offered for this payment plan

*PLA tuition billing statements will be sent out monthly. Parents choosing other payment timelines (in advance of these monthly billings) will see credits to their monthly billing statements.*

**I understand the financial requirements for my child to attend Prodigy Leadership Academy and I agree to pay tuition in full. Any exceptions must be approved by the Prodigy Board of Directors.**

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

Date \_\_\_\_\_

\*If you are in need of tuition assistance, please call 573-803-1338 to request additional information.

Prodigy Leadership Academy admits students of any race, color, gender, or national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, gender, or national and ethnic origin in administration of its educational policies, scholarship programs, athletics, and other school-administered programs.