



# GRACE

## CHRISTIAN SCHOOL

### APPLICATION FOR ENROLLMENT 2018-2019

#### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender:  Male  Female

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Race: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Has student ever repeated any grade:  Yes  No If yes, which one(s)? \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Grades Attended at Grace: \_\_\_\_\_

Has student ever been expelled or suspended from a former school?  Yes  No

If yes, please list which school, the grade, and reason for the suspension or expulsion:

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PARENT INFORMATION

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Marital status:  Married  Single  Separated  Widowed

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Marital status:  Married  Single  Separated  Widowed

Student lives with:  Both Parents  Father  Mother  Other

CHURCH INFORMATION

Home Church: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Youth Pastor's Name: \_\_\_\_\_

Has the student trusted Jesus Christ as his / her personal Savior?  Yes  No If yes, when? \_\_\_\_\_

Church Attendance:  Sunday School  Sunday Morning  Sunday Evening  Wednesday

List any church activities or ministries that your student is presently involved in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY INFORMATION

- Parents will be contacted first in any situation. If we cannot reach you, please give us the following information of someone else we can call:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the student have any physical, emotional, or mental disabilities or limitations?  Yes  No

If yes, explain: \_\_\_\_\_

Does the student have any allergies?  Yes  No If yes, please list: \_\_\_\_\_

## REGISTRATION INFORMATION

- All students registering after July 1 must pay the registration and book fee at the time of registration.
- All students must have an up-to-date immunization form #3231 when registering.
- All students entering K-5 must have a Hearing, Vision, and Dental Form #3300 and a copy of their birth certificate.
- All students entering 1st – 9<sup>th</sup> grades will take an entrance test.
- Registration fees and entrance test fees are due with the application and are non-transferable and non-refundable.
- We will not make two-party agreements.
- Provide the following information regarding who is ultimately responsible for the tuition payment:

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

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

**Grace Christian School (GCS) admits students of any race, color, and national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. GCS does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies, admissions policies, and athletic and other school-administered programs.**

## STATEMENT OF COOPERATION

In making application for my child to attend Grace Christian School, it is my desire that he or she completes the school year. I further agree that:

- The teacher, subject to the approval of the Pastor and Administrator, has full authority in the classroom training of my child according to the standards outlined in the Bible (Proverbs 22:6).
- My child has permission to take part in all school activities, including sports and field trips, and I will not hold the school liable to me or my child because of injury to my child at school or during any school activity.
- The school has permission to administer general first aid. Prescription medication sent from home may be administered upon written request by parents.
- I will attend Parent-Teacher Conferences when scheduled so that I may stay informed of my child's progress.
- I understand the tuition rates and fee schedule. I commit to consistently fulfill my financial obligations to the school according to my chosen payment plan. I recognize that if I withdraw my child before the conclusion of the month, I will still be responsible to pay for the whole month.
- When problems arise, I will use the following procedure in the order listed:
  - Communication and/or conference with the teacher.
  - Request a conference with the supervisor if the problem is not resolved.
  - Request a conference with the administrator.
  - Withdraw my child if I cannot support the policies, procedures, or staff of Grace Christian School.
- In an effort to help keep the tuition costs as low as possible, I am making a commitment to support the school in any and all school-wide fundraisers.
- I understand that my child must abide by all the rules of the school both in action and attitude. I understand that the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational program.
- I understand that attendance at Grace Christian School is a privilege rather than a right; therefore, I will support and cooperate with the school in its aims and ideals.
- I understand that even if I believe that the teacher is wrong, I will seek to rectify the problem with the teacher privately and will not undermine the authority of the teacher in front of my child whether at school or at home.
- I have read the Student Handbook and will abide by the policies stated therein. I realize that it is my obligation to train and educate my child; therefore, I am pledging my full support and cooperation to Grace Christian School and its faculty. It is my desire that my family contributes positively to the spirit of the school.
- I acknowledge that the facts set forth in my application for enrollment are true and complete. I understand that misrepresentation or omission of facts called for on this application is cause for rejection of this application and/or dismissal after acceptance.
- I further certify that I have carefully read and do understand the above statements and will cooperate with the school both in spirit and in action.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_