



GRACE CHRISTIAN SCHOOL

Office Use Only:
 Date Received: _____
 Application fee paid: _____
 Records Requested: _____
 Records Received: _____
 Interviewed: _____
 Testing Fee: _____
 Test: _____
 Grade Placement: _____
 Registration Fee: _____
 Acceptance: _____

APPLICATION FOR ENROLLMENT 2023-2024

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: ____ Race: _____

Last school attended: _____ Grade Completed: _____

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

Grade Applying For: _____ How did you hear about GCS? _____

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:

PARENT/GUARDIAN 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 must have an up-to-date immunization form when registering (GA #3231 Form).
- 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 – 9th grades will take an entrance test.
- Application fee and testing fee (if applicable) are due before testing and are non-refundable and non-transferrable.
- Registration fee officially secures a student's place in the approved grade. Textbook fees must be paid before the first day of school.
- 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 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 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 Student (7th-12th only): _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____