



# Gospel of Grace Christian School

## Student Application

Grades 1-8

**FORMS THAT ARE NOT FILLED OUT ENTIRELY WILL NOT BE PROCESSED!**

### Student Information

Starting Date: \_\_\_\_\_ Grade Entering \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_  
Last First M.I.

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student's E-mail Address: \_\_\_\_\_ Race \_\_\_\_\_ Sex: \_\_\_\_\_

Church Regularly Attended by Student: \_\_\_\_\_

Who does the student live with (ex: birth mother & father, step-mother or father, or legal guardian)?  
\_\_\_\_\_  
\_\_\_\_\_

### Parent Information

Please provide **all information** (such as address, phone numbers, and work information) for step-mother, step-father, legal guardian or fiances on back.

**Mother's Full Name:** \_\_\_\_\_  
Last First M.I.

(If different from child)

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

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_ (Have you remarried? \_\_\_\_\_)

Cellular Phone: \_\_\_\_\_ Does mother have legal custody? \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_  
Last First M.I.

(If different from child)

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

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_ (Have you remarried? \_\_\_\_\_)

Cellular Phone: \_\_\_\_\_ Does father have legal custody? \_\_\_\_\_

**Parent Questions/Agreement**

**All questions below must be answered by parents or legal guardian**

1. Why do you want your child to attend Gospel of Grace? \_\_\_\_\_

2. How did you hear about Gospel of Grace: \_\_\_\_\_

3. Were you referred by someone? \_\_\_\_\_ If yes, who: \_\_\_\_\_

4. Is **father** a born-again Christian? \_\_\_\_\_

Please explain how you became a born again Christian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church attended regularly by **father**: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

5. Is **mother** a born-again Christian? \_\_\_\_\_

Please explain how you became a born again Christian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church attended regularly by **mother**: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Space is limited at Gospel of Grace Christian School; therefore, if your child is accepted, someone else might be rejected due to lack of space. In making application for enrollment, you are stating that you desire for your child to complete the school year 2016-2017 at Gospel of Grace Christian School. If you remove your child before the end of the school year, an empty spot is left in the classroom. Since we operate at the very lowest cost possible to make Christian education affordable, we are left with a gap in our income. **Therefore, if you remove your child before the school year has ended, you must pay half of the remaining tuition or \$640, whichever is greater.** No records will be released if this obligation is not met, and your balance may be referred to a collection agency.

**Tuition is due the 1st of each month. If tuition is not paid by the 10th day of the month, my child will be suspended until tuition is paid in full for the month.**

I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_, desire to have my child complete the 2016-2017 school year at Gospel of Grace. I understand that the policy of Gospel of Grace Christian School is to make NO REFUNDS for registration fees, or book fees. I absolve Gospel of Grace Christian School from liability to me or my child because of injury to my child at school or during any school activity. I have read the Gospel of Grace Christian School handbook with my child and we agree to support the rules, faculty, and administration of the school.

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Previous School Information:**

List Schools in Order From Latest to Earliest

Name of School: \_\_\_\_\_ Grade Levels: \_\_\_\_\_ Phone : \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade Levels: \_\_\_\_\_ Phone : \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade Levels: \_\_\_\_\_ Phone : \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade Levels: \_\_\_\_\_ Phone : \_\_\_\_\_

Is any money owed to any of these former schools? \_\_\_\_\_ If yes, which school? \_\_\_\_\_

Has student ever been suspended or expelled from any school? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Explain why \_\_\_\_\_

Has student repeated any grade level? \_\_\_\_\_ If yes, which grade/grades? \_\_\_\_\_

Has student ever been placed in a special class, support group, or resource center? \_\_\_\_\_

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

List any academic subject with which your child struggles: \_\_\_\_\_

Has student ever had excessive tardiness or absences? \_\_\_\_\_ If yes, why? \_\_\_\_\_

**Questions About Student:**

Student's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Does student have any physical disabilities or challenges: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does student have any emotional challenges: \_\_\_\_\_

List any learning disabilities or challenges: \_\_\_\_\_

Does student have difficulty reading? \_\_\_\_\_

Does student struggle with math? \_\_\_\_\_

Describe student in one sentence \_\_\_\_\_

Do you feel your child is immature or mature for his/her age? \_\_\_\_\_

What does your child like to play with most? \_\_\_\_\_

What type of books is your child interested in? \_\_\_\_\_

Please list your child's hobbies or interests: \_\_\_\_\_

Do you feel that your child listens to correction well? \_\_\_\_\_

How does your child interact with other children his/her age during playtime? \_\_\_\_\_

Can your child sit for 30-minute periods? \_\_\_\_\_

Is your child an only child? \_\_\_\_\_

Are there any custody agreements, family separation, or family issues that we need to be aware of (**Gospel of Grace Christian School must have a copy of any court issued custody agreements**)? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child live at more than one address? \_\_\_\_\_

Who lives in the same household as your child? \_\_\_\_\_

Does your child have a hard time getting comfortable around new people? \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_