



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 2019-2020 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 balances must be paid in full by the due date each month. If there is any balance due after the due date, Smart Tuition will charge a \$40 late fee. If the balance still is not paid 10 days after the due date, your child's attendance will be interrupted until the balance is paid in full.

I, _____, the legal guardian of _____, desire to have my child complete the 2019-2020 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, tuition, 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: _____