



Gospel of Grace Christian School

Student Application

Pre-School - Kindergarten

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: (____) _____ - _____

Race _____ Sex: _____

Church Regularly Attended by the 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, or legal guardian 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 this student 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 the **father** a born-again Christian? _____

Please explain how you became a born again Christian:

Church attended regularly by the **father**: _____ Phone #: _____

5. Is the **mother** a born-again Christian? _____

Please explain how you became a born again Christian:

Church attended regularly by the **mother**: _____ Phone #: _____

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: _____

Student Questionnaire:

Student's Full Name: _____ Date: _____

Why are we asking these questions?

Gospel of Grace Christian School believes in meeting the needs of the whole student. The questions below will help us to get a better understanding of the student in order to best meet his/her needs. This information will help the teachers to prepare a learning environment that suits the needs of the student.

Does student have any physical disabilities or challenges? _____ If yes, please explain: _____

Does student have any emotional or learning disabilities? _____

Are there any struggles you would like us to help him/her with? _____

Has he/she ever attended a pre-school or day care in the past? _____ If yes, where? _____

Has he/she ever been expelled from a previous day care or preschool program? _____ If yes, why? _____

Describe him/her in one sentence _____

Do you feel this student is immature or mature for his/her age? _____

Is this student fully potty trained? _____

Can he/she use the bathroom without help? _____

Does he/she have frequent accidents at any specific time? _____ If yes, when? _____

Does he/she wear pull-ups? _____

Does he/she take naps during the day? _____ If yes, how long? _____

Is he/she right or left handed? _____

Can he/she count to 10? _____ If no, how far can he/she count? _____

Can he/she recognize any letters or numbers? _____ If yes, which ones: _____

What does he/she like to play with most? _____

Student Questionnaire Continued:

Student's Full Name: _____ Date: _____

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 he/she live in 2 separate homes? _____

Who lives in the same household as him/her? _____

Does he/she have a hard time getting comfortable around new people? _____

Is there anything else we should know about him/her? _____

The above information I provided is true and correct to the best of my knowledge.

Parent Signature: _____ Print Name: _____

Date: _____