

GRACE CHRISTIAN SCHOOL
Admissions Application

Note: This application does not ensure final enrollment but provides information upon which a decision will be based. Grace Christian School reserves the right to alter class selection based on final enrollment. Upon acceptance, a copy of the birth certificate and immunization record must accompany this application.

A. NONDISCRIMINATION POLICY: Grace Christian School admits students of any race, color, national, and ethnic origins to all rights, privileges, programs and activities made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its education policies, admissions policies, athletic, and other school administered programs.

B. GENERAL RECORD:

Student: _____
(Last Name) (First Name) (Middle Name)

Application for Grade: _____ Gender: ___M ___F Date of Birth: _____

Address: _____

Resides With: Check One: _____Mother/Father _____Mother Only _____Father Only
_____Guardian _____Father/Stepmother _____Mother/Stepfather

Student Social Security Number: _____ U.S. Citizen: ___Yes ___No Country: _____

Father's/Guardian's Name _____ **SS#** _____

Father/Guardian E-Mail Address: _____

Hm. Phone (____) _____ Cell (____) _____

Father's/Guardian's Employer _____ Wk. Phone (____) _____

Mother's/Guardian's Name _____ **SS#** _____

Mother/Guardian E-Mail Address: _____

Hm. Phone (____) _____ Cell (____) _____

Mother's/Guardian's Employer _____ Wk. Phone (____) _____

OFFICE USE ONLY

CONFIRMED GRADE___ BIRTH CERT___ IMMRCRD___ REPORT CARD/TRANSCRIPT___
RECOMMENDATIONS: PASTOR___ TEACHER___ INTERVIEW___

C. PARENT QUESTIONNAIRE: (Attach additional sheets if necessary)

Why do you want to send your child to Grace Christian School?

What are your child's greatest strengths?

What are your child's greatest needs in the following areas?

Spiritual _____

Behavioral _____

Social _____

Emotional _____

Has your child experienced any behavioral, academic, physical, or emotional challenges that require special services from a therapist, psychologist, medical doctor, or other specialist? If yes, please explain.

Is your child currently diagnosed with any learning or health condition? If yes, please explain.

D. STUDENT QUESTIONNAIRE (Grades 5-12): To be completed by the student

Have you used drugs, alcoholic beverages, or used tobacco within the last 12 months? If yes, please explain.

What are your favorite subjects? _____

What subjects will you need the most help with? _____

Why do you feel you should be accepted as a student at Grace Christian School? _____

Whose idea was it for you to attend Grace Christian School? _____

What one thing do you wish to avoid at GCS that you were unable to avoid in your last school? _____

E. AFFIRMATION: I hereby affirm that all of the information contained in this application is true and accurate to the best of my knowledge. I understand that providing any false information would be sufficient reason for the rejection of this application or suspension when found out.

Student Signature _____

Date _____

Signature of Father/Guardian _____

Date _____

Signature of Mother/Guardian _____

Date _____