



GRACE CHRISTIAN ACADEMY

GRACE CHRISTIAN ACADEMY 2020-2021 Application for Admission

The mission of Grace Christian Academy is to glorify God by equipping students with a spiritually and academically solid Christian worldview.

STUDENT INFORMATION

Legal Name _____

M F Grade entering _____ Age _____ Date of Birth _____

Last School Attended / Attending _____

School Address _____

Church Attending / Membership _____ Pastor _____

FAMILY INFORMATION

Custodial Father's Name _____ Email _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth _____ Employer _____ Occupation _____

Custodial Mother's Name _____ Email _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth _____ Employer _____ Occupation _____

Relationship Status Married Divorced Separated Widowed Parent Deceased

If parents are not married, separated, or divorced, with whom does the child reside? _____

May the non-custodial parent pick up the student? _____ (If no, legal documentation must be on file)

Emergency Contacts (in case parents cannot be reached)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Why do you seek admission of your child(ren) to Grace Christian Academy? _____

Give a brief medical history (list family physician, physical limitations, allergies, etc.). The appropriate medical forms must be on file before the first day of school.

Describe the student's interests, talents, and abilities. _____

Provide two references (pastor, principal, teacher, etc.) for the student.

Name _____ Phone/Email _____ Relationship _____

Name _____ Phone/Email _____ Relationship _____

- I certify that all statements provided by me/us are true. By applying for my child, it is my desire for him/her to complete the school year and continue in future years at GCA.
- I understand that admission to GCA is a privilege and not a right. I understand that GCA has a religious purpose; that it adheres to biblical standards in teaching and conduct, and that breach of this standard may lead to dismissal of the student.
- I agree to meet my financial obligations. I understand the application and enrollment fees are non-refundable. Further, if the fees and tuition are not paid, GCA reserves the right to withdraw my child.
- I give my permission for my child to take part in school activities, including athletics, clubs, and school-sponsored trips away from the school premises, and I absolve the school from liability to me or my child because of any injury to my child at or during any school activity.
- I understand that during the course of the school year, my child's likeness may be captured in photographs or video. I agree to allow GCA to use photographs or video footage of my child for promotional purposes, with the understanding that full names will not be associated with pictures without my expressed consent.
- I give permission for information regarding my child's medical condition, treatment, and/or allergy to be shared with staff, faculty, and coaches as needed. If my child is in need of immediate medical attention, and I cannot be readily contacted, I give permission for treatment deemed necessary by medical personnel. I/We also waive and release GCA from any liability regarding this circumstance requiring medical attention.

Both custodial parents must sign if separated/divorced or submit legal documentation.

Custodial Father's Signature _____ Date _____

Custodial Mother's Signature _____ Date _____