

Grace Christian Academy

2017-2018

STUDENT APPLICATION FORM (Additional Student)

New Returning If new. How did you hear about us ? _____

STUDENT INFORMATION

Name of Student	Date of Birth	Student attends Church Where? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade Applying for
Home Address		City	State Zip

PARENT INFORMATION (If different from Main form)

FATHER or <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather	MOTHER or <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother
Name	Name
Cell Phone Work Phone	Cell Phone Work Phone
Employer Occupation	Employer Occupation
Email:	Email:

MEDICAL INFORMATION

Medications my child takes: _____

I permission to the school to give my child ,listed above, 1 child's strength Acetaminophen (Tylonol) upon verbal approval from myself.

Parent Printed Name _____ Parent Signature _____ Date _____

EMERGENCY INFORMATION (If different from Main Form)

If your child becomes ill or meets with an accident while in school and we are unable to reach you , please give us the name Name of a relative or neighbor who could be notified.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Doctor _____ Phone _____