

# Grace Christian Academy

## 2017-2018

### STUDENT APPLICATION FORM

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

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:

### FAMILY INFORMATION

Brothers(s) & Sister(s) Names	Date of Birth	Grade	School Attending

### EMERGENCY INFORMATION

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 of a relative or neighbor who could be notified.

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

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

# PERMISSION AGREEMENT

## 1. EMERGENCY AGREEMENT

(We) grant permission for authorized school personnel to take whatever steps necessary to obtain medical care if warranted. These steps may include but are limited to:

- A. Attempt to contact parent or guardian
- B. Attempt to contact child's physician
- C. Attempt to contact you through any of the persons listed on this form
- D. If the school cannot contact you or your physician, the school may do the following:  
(a) call another physician, (b) call an ambulance, (c) have the child taken to the hospital, (d) call 911.
- E. Expenses may not be covered by the school's basic insurance policy and some of the costs may be incurred by the family. Your insurance company name should be listed on this form
- F. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment or if you do not keep the school updated on changes.

\_\_\_\_\_  
Parents Printed Name                      Parents Signature                      Date

## 2. PHOTO AGREEMENT

I grant permission for my child to be included in any photos the school may use for school newsletters, yearbooks, Promotions, school web site, Etc.

\_\_\_\_\_  
Parent Printed Name                      Parents Signature                      Date

## 3. MEDICATION INFORMATION/AGREEMENT

Medications my child takes: \_\_\_\_\_

I give permission to the school to give my child, listed on this form, 1 child's acetaminophen (Tylenol) upon verbal approval from myself.

\_\_\_\_\_  
Parent Printed Name                      Parents Signature                      Date

## 4. ADMISSION AGREEMENT

We as a family will...

- A. ..support the goals, purposes and objectives of the school to the best of our abilities
- B. ..understand that bible study, a weekly chapel service, memorizing parts of the bible and a Christian environment is an integral part of the school
- C. ..agree that if there are any concerns in the school, we will attempt to resolve them through the appropriate channels one step at a time: talking to the teacher, then the principal, and finally through the principal and finally through the principal to the Grace Board of Education.
- D. ..understand that all new students are on a 30 day probationary period to determine if the school fits the needs of the child

\_\_\_\_\_  
Parent Printed Name                      Parents Signature                      Date