

Grace Christian Academy



2018-19 Family Demographic/Emergency Information

Student's Last Name _____ Student's First Name _____
Grade _____ Date of Birth _____ Ethnicity* _____
Student's Cell Phone _____

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Grade _____ Date of Birth _____ Ethnicity* _____
Student's Cell Phone _____

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Student's Cell Phone _____

Student's Last Name _____ Student's First Name _____
Grade _____ Date of Birth _____ Ethnicity* _____
Student's Cell Phone _____ (Additional on Back)

*W=White H=Hispanic/Latino B=Black/African American
I=Native American/Alaskan A=Asian/Pacific Island Native Other=Write In

Even though Grace Christian Academy is not governed by any local, state or national agency, we are still required to report the ethnicities of our students to the state. Please indicate an ethnicity for each of your children attending GCA.

Primary Parent Information

Father's Name _____ Mother's Name _____

Address _____ City/Zip _____

Does Student/s reside at this address: ___ Full Time ___ Part Time? Home Phone _____

Father's Email _____ Mother's Email _____

Father's Cell Phone _____ Mother's Cell Phone _____

Father's Place of Employment _____ Work Phone _____

Mother's Place of Employment _____ Work Phone _____

Church Home _____ School District _____

Secondary Parent Information (If Applicable)

Father's Name _____ Mother's Name _____
Address _____ City/Zip _____
Does Student/s reside at this address: ___ Full Time ___ Part Time? Home Phone _____
Fathers Email _____ Mother's Email _____
Father's Cell Phone _____ Mother's Cell Phone _____
Father's Place of Employment _____ Work Phone _____
Mother's Place of Employment _____ Work Phone _____
Church Home _____ School District _____

Emergency Information

In the event of an emergency, who should we call?

1. Name _____ Relationship to Student _____ Phone _____
2. Name _____ Relationship to Student _____ Phone _____
3. Name _____ Relationship to Student _____ Phone _____
4. Name _____ Relationship to Student _____ Phone _____

My student may be released to go home with:

1. Name _____ Relationship to Student _____
2. Name _____ Relationship to Student _____
3. Name _____ Relationship to Student _____
4. Name _____ Relationship to Student _____

Continued from Front (If Needed)

Student's Last Name _____ Student's First Name _____
Grade _____ Date of Birth _____ Ethnicity* _____
Student's Cell Phone _____

Student's Last Name _____ Student's First Name _____
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