



# Student Application

Student Information			
Full Name of Student			
Student's Address			
City	State	Zip	
Home Phone	Date of Birth	Sex	
Previous School Attended		Grade Completed	
Address of Previous School			

Family Information		
Father's Name		
Father's Address		
City	State	Zip
Home Phone	Cell Phone	
Place of Employment	Work Phone	
Email Address		

Mother's Name		
Mother's Address		
City	State	Zip
Home Phone	Cell Phone	
Place of Employment	Work Phone	
Email Address		

Children in the Family	
Name	Age
Name	Age
Name	Age
Name	Age
Name	Age
Name	Age
Name	Age

Are there any special family situations that Grace Christian Academy should be aware of as they affect your child and his/her performance?

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### Emergency Information – Who could be contacted in an emergency if you cannot be reached?

Name	Relationship to Student
Address	Phone
Name	Relationship to Student
Address	Phone
Name	Relationship to Student
Address	Phone

### Medical Information

Date of student's last routine medical check-up (should be within one year of first day of school)

Family Physician	Phone
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Family Dentist	Phone
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Does this student wear glasses or contacts? (circle one)      Yes / No (circle one)

If yes, all the time or how often?

Does this student have any physical disabilities?

Does this student have any food, medication or other (pollen, grass, cats, guinea pigs, etc.) allergies?

List any medications that this student takes on a daily or regular basis.

### General Information

Please note student's hobbies, special interests, etc.

What church is your family currently attending?

Does this student regularly attend Sunday School, Youth Group, or AWANA?

Is this student taught the Word of God at home?

Does your child understand the Gospel message of Salvation?

Any additional comments you may have:

Why do you as parents want to enroll your student in Grace Christian Academy?

