

# Grace Christian Academy

8420 West Beloit Road  
West Allis, WI 53227

## STUDENT INFORMATION

|                            |               |                 |
|----------------------------|---------------|-----------------|
| Full Name of Student       |               |                 |
| Student's Address          |               |                 |
| City                       | State         | Zip Code        |
| 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 Code |
| Home Phone          | Cell Phone |          |
| Place of Employment | Work Phone |          |
| email address:      |            |          |
| Mother's Name       |            |          |
| Mother's Address    |            |          |
| City                | State      | Zip Code |
| 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 |
|      |     |

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

Family Dentist Phone

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...) allergies?

List any medications 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?

**PASTORAL REFERENCE**

Pastor's Name

Church Phone Number

Pastor's Comments

Pastor's Signature

**PARENTAL TESTIMONIES** (Attach additional paper if more space is needed)

Parent/s Signature

Date

**CARPOOL INFORMATION**

Please list the names and phone numbers of people that are authorized to pick your student up from the school grounds

Name Phone

Name Phone

Name Phone

Name Phone