Grace Christian Academy

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**
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, 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?

Pastoral Reference

Pastor's Name

Church Phone Number

Pastor's Comments

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Parental Testimonies – Attach additional paper if more space is needed.

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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**