

Grace Christian School

STUDENT DATA

Full Legal Name _____ <small>(first) (middle) (last)</small>	Grade Entering _____
Preferred Name _____	Birth Date MM/DD/YY _____
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <small>(check all that apply)</small> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander/Hawaiian	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
If a foreign language is spoken at home, please list which one _____	
Status of legal parents <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased Parent	
List of Siblings (name AND age) 1. _____ 2. _____ 3. _____ 4. _____	

HEALTH INFORMATION

Does your child have a physical disability? No Yes (please describe) _____

Does your child have special needs? No Yes (please describe) _____

Does your child have any allergies? No Yes (please describe) _____

Is there any medical reason the student cannot participate in the physical education program? No Yes

Please provide any further information below that may assist in the education of your child (medical, educational history, or other data of which the school should be aware)

PREVIOUS SCHOOL INFORMATION

School Name _____	Grades attended _____
Address _____	Phone _____
School Type (check one) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Christian <input type="checkbox"/> Home School	

School Name _____	Grades attended _____
Address _____	Phone _____
School Type (check one) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Christian <input type="checkbox"/> Home School	

School Name _____	Grades attended _____
Address _____	Phone _____
School Type (check one) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Christian <input type="checkbox"/> Home School	

Has your child ever been:

Suspended? No Yes Expelled? No Yes Asked to withdraw? No Yes
(If so, please provide details on a separate sheet of paper or in an email, including the school's name)

Does your child have an Individual Education Plan (IEP) or 504 Plan (Speech, OT, SLD) No Yes

NOTE: Please initial that you understand that GCS is not required to make any learning accommodations.

Parent/Guardian Initials _____

FAMILY DATA

Please list the adults with whom the student resides. If either parent is forbidden by a court order to have access to the child or school records, *documentation must be provided*. Unless otherwise notified in writing, the following people are applicable to:

print on records, pick up student, contact in emergencies, receive mail/emails, receive report cards, billing

HOUSEHOLD 1

Street Address _____
City, State, Zip _____
Home Phone _____ Home Email(s) _____

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian _____ <small>(If guardian, specify relationship)</small>
Name (First AND Last) _____			Cell Phone _____	
Occupation _____	Employer _____	Work Phone _____		

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian _____ <small>(If guardian, specify relationship)</small>
Name (First AND Last) _____			Cell Phone _____	
Occupation _____	Employer _____	Work Phone _____		

HOUSEHOLD 2

Street Address _____
City, State, Zip _____
Home Phone _____ Home Email(s) _____

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian _____ <small>(If guardian, specify relationship)</small>
Name (First AND Last) _____			Cell Phone _____	
Occupation _____	Employer _____	Work Phone _____		

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian _____ <small>(If guardian, specify relationship)</small>
Name (First AND Last) _____			Cell Phone _____	
Occupation _____	Employer _____	Work Phone _____		

CHURCH INFORMATION

Church your family currently attends

Church Name _____ City _____
Pastor _____ Pastor's Email _____
Pastor OR church representative that knows your family best A recommendation form will be sent from GCS

GENERAL INFORMATION

Please explain your reason for selecting GCS for your child's education:

If you were referred to GCS, who can we thank? _____

STATEMENT OF COOPERATION

Applicant's Name _____

I/We understand that attendance at Grace Christian School is a privilege, and we pledge to agreeably abide by all the policies and procedures set forth by the school as summarized in the Parent/Student Handbook. I/We understand that all State of Florida immunization and physical examination requirements must be met as part of the enrollment process.

I/We understand that all enrollments are for the entire school year. I/We have received, reviewed, and agree to comply with Grace Christian School's current Financial Policies and Procedures. I/We understand that GCS offers no reduction, credit, or refund of the Registration/Commitment Fee, Tuition, or Book Fee for absences due to illness, holidays, vacations, withdrawals or dismissals and all fees not covered by scholarship must be paid in full even if I choose to withdraw my/our student. I/We understand that the Enrollment Contract is a binding agreement on all parties.

I/We understand that GCS is a distinctively Christian school and that its tenets, methods, and rules are established on that basis. I/We understand that my/our student will study the Bible and that all lessons, discipline, and activities of the school are presented from a biblical perspective.

I/We agree to support the standards of the school in its philosophy and policies including academic, behavioral, spiritual, dress, morality, conduct, and disciplinary standards; to assume the responsibility for parental monitoring of my/our child's education; to support my/our child by being an encourager; to keep regular contact with my/our child's teachers; and to attend mandatory meetings called by the school.

I/We agree to cooperate with school personnel in a positive and supportive manner concerning the operation of the school ministry and the implementation of the education programs. I/We agree to apply the principles of Matthew 18:15-17 in resolving any questions or matters of disagreement (Matthew 18 requires direct communication with persons involved as opposed to general discussions or gossip with other parents or teachers who are not directly involved in the matter).

I/We give permission for participation in all school activities, including, but not limited to bus trips, sports activities, and school-sponsored trips away from the school premises is granted by the parent or legal guardian signing below. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("student"). I, in my own behalf and on behalf of the student, agree to release and to hold harmless First Baptist Church of Punta Gorda and Grace Christian School and its respective directors, officers, representatives, ministers, members, agents, employees and volunteers from any and all liability for negligence or any other claim judgment, loss, cost and expenses arising out of or connected with attendance at Grace Christian School, including any claim arising out of or connected with any illness or injury that minor may incur or sustain during school, all activities associated with the school, and while traveling to and from the site for the school.

I/We give permission for my/our child to be photographed, video-taped, or audio-taped for the purpose of publicity for GCS.

YES

NO

A blank response will be interpreted as "YES"

Grace Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

My/Our signature acknowledges our agreement with, and acceptance of the policies, procedures, and regulations set forth in this Statement of Cooperation and in the GCS Parent/Student Handbook.

Signature of Parent/Guardian _____

Date _____

Signature of Parent/Guardian _____

Date _____