

Grace Christian School
Kindergarten through Eighth Grade FAMILY Application & Emergency Form

(Please note: kindergarten applicants need to be 5 years old by September 1)

GENERAL STUDENT INFORMATION

Legal Name of Student: _____
Last First Middle Initial
Nick Name: _____ Date of Birth: _____ Male / Female
Grade Enrolling for: _____ Date of Baptism: *(if baptized)* _____
Race: Caucasian Asian Hispanic Native American African American Other _____

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Last First Middle Initial
Nick Name: _____ Date of Birth: _____ Male / Female
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Last First Middle Initial
Nick Name: _____ Date of Birth: _____ Male / Female
Grade Enrolling for: _____ Date of Baptism: *(if baptized)* _____
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FAMILY INFORMATION

Father's Name: _____ City _____
Address: _____ Zip code _____
Cell Phone: _____ Home Phone: _____
Email address: _____
Employer: _____ Work Phone: _____

Mother's Name: _____ City _____
Address: _____ Zip code _____
Cell Phone: _____ Home Phone: _____
Email address: _____
Employer: _____ Work Phone: _____

EMERGENCY CONTACTS

Please list two adults who would assume responsibility for you child in an emergency if neither parent can be reached.

Name: (First & Last) _____
Contact Phone Number: _____ Relationship to child: _____

Name: (First & Last) _____
Contact Phone Number: _____ Relationship to child: _____

NON-RELEASE REQUEST

Please list name of any person(s) to whom your child should not be released to.

Legal documentation may be required to be on-file in the school office.

Name: (First & Last) _____
Relationship to child: _____

PERMISSION

Do you give Grace Christian School permission to use your child's image in future publications, newsletter, marketing tool, school website, musical video or other related school materials? (Circle response)

YES NO

MEDICAL RELEASE INFORMATION

(In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary.)

Local Physician: _____ Contact Number: _____

Address: _____

Health Insurance Company: _____

Cardholder's Name: _____ Policy or Group#: _____

Does your child(ren) have any chronic illnesses, allergies, or unusual diseases? YES NO

If YES, please describe: _____

Does your child(ren) take prescription or non-prescription drugs for the above listed. YES NO

If YES, please describe: _____

Does your child use or carry an inhaler? YES NO

We MUST have a medication release form signed by your physician on file in the office regarding prescription and non-prescription drugs that a child can take while under the supervision of the school staff. ALL prescription and non-prescription drugs must be left in their original container. Prescription or non-prescription should be stored by or in the possession of a staff member. Children are not allowed to have these items in their possession or within their private property on school grounds other than an in-haler.

RELIGIOUS AFFILIATION

Are you a member of a Christian church? YES NO

If YES, please indicate the name of your home church: _____

Your Pastor or Priests name: _____

TRANSPORTATION / VOLUNTEER INFORMATION

The following information must be completed and on file in the school office before you can volunteer with any activity/event at Grace Christian School or chaperone /drive for a field trip.

Form(s) available on-line or in the school office.

1. We must have a copy of your valid Driver's License.
2. Copy of your current Auto Insurance card.
3. Clearance of fingerprint scan.
4. Signed copy of the Field Trip Agreement Form.
5. When transporting students, you must have a copy of the emergency information for each student in your vehicle. These forms must be returned to classroom teacher at the end of the field trip.

Grace Christian School Board reserves the right to limit the enrollment of students at Grace per our admission procedures.

All new students are placed on academic and conduct probation for a period of one trimester. At the end of the first trimester, the administration may extend the length of the probationary period. I have read this pledge and agree to abide by the above statement. I certify that I have not knowingly falsified any information on this application.

Signature of Father / Guardian: _____ Date: _____

and/or

Signature of Mother / Guardian: _____ Date: _____

initials

I understand that this application does not guarantee admission for my child(ren).