

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

Preferred/Nick Name: _____ Date of Birth: _____ Male / Female

Grade Enrolling for: _____ Date of Baptism (if applicable): _____

Race: Caucasian Asian Hispanic Native American African American Other _____

Legal Name of Student: _____

Last

First

Middle Initial

Preferred/Nick Name: _____ Date of Birth: _____ Male / Female

Grade Enrolling for: _____ Date of Baptism (if applicable): _____

Race: Caucasian Asian Hispanic Native American African American Other _____

Legal Name of Student: _____

Last

First

Middle Initial

Preferred/Nick Name: _____ Date of Birth: _____ Male / Female

Grade Enrolling for: _____ Date of Baptism (if applicable): _____

Race: Caucasian Asian Hispanic Native American African American Other _____

PARENT OR GUARDIAN INFORMATION

Parent/Guardian: _____ City: _____

Address: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email address: _____

Employer: _____ Work Phone: _____

Parent/Guardian: _____ City: _____

Address: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email address: _____

Employer: _____ Work Phone: _____

EMERGENCY CONTACTS Please list two adults who would assume responsibility for your child in an emergency if parent/guardian cannot 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?

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 inhaler.

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: _____

PREVIOUS SCHOOL INFORMATION

Name of Last School Attended: _____

Address of Last School: _____ City: _____

State: _____ ZIP: _____ Phone Number: _____

Reason for Leaving: _____ Grade Completed: _____

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 Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

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