

# **Grace Christian Academy**

## **New Student Application & Supplementary Forms**



**Grace Christian Academy**  
**355 McDonough Rd. Fayetteville, GA 30215**  
**Phone: 770-461-0137**  
**Fax: 770-461-1190**  
**[www.gracechristian.info](http://www.gracechristian.info)**

**... the place to change lives forever!**

# Enrollment Application Grace Christian Academy 2018-2019

**Student Information**

**Student's Full Name:** \_\_\_\_\_  
(First) (Middle) (Last)

**Age:** \_\_\_\_\_ **Date of Birth** \_\_\_/\_\_\_/\_\_\_ **Gender:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **County:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Last School Attended:** \_\_\_\_\_

**Grade to Enter 2018-19 School Year:** \_\_\_\_\_ **Student Email (if applicable):** \_\_\_\_\_

**Organization/Family Referred By:** \_\_\_\_\_  
(Write "none" if not referred by an organization or Grace Family)

**Family Information**

**Marital Status:** Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_

**Father/Guardian Full Name:** \_\_\_\_\_  
(First) (Middle Initial) (Last)

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Mother/Guardian Full Name:** \_\_\_\_\_  
(First) (Middle Initial) (Last)

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Siblings** (List all other children living with the family)

Name	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Payment Plan**, Please check the type of payment schedule you would prefer to follow.

(See Price Information Sheet)     Annually     Semi-Annually     Monthly

**Church Information**

Name of current church: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

How often does your family attend church? \_\_\_\_\_

List any church activities in which you and/or your family are involved. Please attach additional sheets as necessary. \_\_\_\_\_

**Spiritual Testimony:**

Students entering the 1<sup>st</sup> – 12<sup>th</sup> grade need to complete the following information. Students entering kindergarten should go to the next page.

Elementary students (Grades 1-5 only):

1. Write in your own words what you know about Jesus: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Write in your own words why you want to attend Grace Christian Academy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Secondary students (Grades 6 -12 only):

1. On a separate sheet of paper, write at least a one page essay that includes the following information:
  - a. A description of how you came to know the Lord as your personal Savior
  - b. A description of your current relationship and walk with the Lord
  - c. Why you want to attend Grace Christian Academy
  - d. A brief description of yourself (personality, interests, hobbies, etc.)

**Educational/Personal Information**

Please answer the following questions. All “yes” responses should be explained in the additional comments section below. Please attach additional sheets as necessary. All responses will be kept confidential.

1. Has your student ever attended GCA before? \_\_\_\_\_
2. Has your student ever failed a grade, been retained, or asked by a school to be retained? \_\_\_\_\_
3. Has your student ever been suspended, expelled, or refused entry into another school? \_\_\_\_\_
4. Has your student ever received psychological evaluation, personal counseling, or participated in treatment programs? \_\_\_\_\_
5. Has your student ever been tested for giftedness or learning disabilities? \_\_\_\_\_  
(If yes, provide results)
6. Does your student take any medication on a regular basis? \_\_\_\_\_
7. Does your student have any legal history or record? \_\_\_\_\_
8. Has your student ever taken any drugs or alcohol? \_\_\_\_\_

**Additional Comments:**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

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

# Grace Christian Academy--Admissions Referral Form Pastoral Recommendation

Name of Applicant: \_\_\_\_\_

Present School: \_\_\_\_\_ Present Grade: \_\_\_\_\_

**Directions to Parent:** Please sign the authorization below and give to your child's present Pastor or Youth Minister. Have them return the completed form to GCA at the address below.

\_\_\_\_\_  
Student's Signature Parent/Guardian Signature

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**Directions to Pastor or Youth Minister:** The student named above has applied for admission to Grace Christian Academy. After filling out the information, please send directly to **Grace Christian Academy, 355 McDonough Rd., Fayetteville, GA 30215**. This information is confidential and will be restricted to the admissions committee of GCA.

Name: \_\_\_\_\_

Your position in the church (i.e. pastor, youth pastor, etc): \_\_\_\_\_

Church: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. How long have you known this student or family and in what capacity/role? \_\_\_\_\_

\_\_\_\_\_

2. How often does the family attend services?

	<u>On a Regular Basis</u>	<u>Occasionally</u>	<u>Rarely</u>	<u>Never</u>
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Student	_____	_____	_____	_____

3. List any church activities in which the student or family is involved. \_\_\_\_\_

\_\_\_\_\_

4. Please rate the applicant in relation to his or her peers in each of the following categories:

	Excellent	Above Average	Average	Below Average	Needs Improvement
Family Involvement					
Spiritual Maturity					
Respect for Authority					
Responsibility					
Leadership					
Self-Control					
Motivation					
Cooperation with Others					
Emotional Steadiness					

*Continued on next page*

# Grace Christian Academy--Admissions Referral Form Pastoral Recommendation (continued)

5. Please list any additional information that would assist us in the evaluation of this applicant.

**Please read the GCA Statement of Faith and answer the questions below.**

### Grace Christian Academy Statement of Faith

1. **We believe** the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (II Timothy 3:15, II Peter 1:21).
2. **We believe** there is one God, eternally existent in three persons- Father, Son and Holy Spirit. (Genesis 1:1, Matthew 28:19, John 10:30).
3. **We believe** in the deity of Christ (John 10:33); His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35); His sinless life (Hebrews 4:15, Hebrews 7:26); His miracles (John 2:11); His vicarious and atoning death (I Corinthians 15:3, Ephesians 1:7, Hebrews 2:9); His resurrection (John 11:25, I Corinthians 15:4); His ascension to the right hand of the Father (Mark 16:19); His personal return in power and glory (Acts 1:11, Revelation 19:11).
4. **We believe** in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone we are saved (John 3:16-19, John 5:24, Romans 3:23, Romans 5:8-9, Ephesians 2:8-10, Titus 3:5).
5. **We believe** in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation (John 5:28-29).
6. **We believe** in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9, I Corinthians 12:12-13, Galatians 3:26-28).
7. **We believe** in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life (Romans 8:13-14, I Corinthians 3:16, I Corinthians 6:19-20, Ephesians 4:30, 5:18).

Is there any doctrinal position defined above that your church would be in disagreement with? If yes, explain below.

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Are there any doctrinal positions that your church would add to those listed above? \_\_\_\_\_

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**I have read the Statement of Faith and endorse it as the framework by which Bible doctrine will be taught at Grace Christian Academy.**

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I recognize that Grace Christian Academy is an extension of the home and the church in supporting and helping parents raise godly children. I respect this unique relationship and will do my part to assist the school in this process. I understand that should the need arise, I may be asked to discuss issues related to the child and family with the GCA administration. I understand that any such discussion will be kept in the strictest of confidence, and will only be used to assist the GCA administration in making clear and wise decisions.**

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Medical Release Form

To whom it may concern:

I hereby give my consent to any emergency physician at any emergency hospital to administer necessary treatment to my child, ... in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance or helicopter should the situation warrants such action.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Name of Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company covering child: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Emergency Phone Numbers (PLEASE LIST ACCORDING TO PREFERRED CALLING ORDER)

Table with 4 columns: Name, Phone Number, Relationship to student, and a numbered list (1-5) for entries.

Please list any allergies, communicable diseases or special medical conditions we need to be aware of.

Table with 3 columns: Medical Condition, Treatment ~ Medicine, Dosage.

Please include an up-to-date copy of child's current immunization record to complete this form.

\*\*\*\*\*

State of Georgia, County of Fayette

On the \_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_ to me known to be the described in and who executed the foregoing instrument and acknowledged that they executed the same.

(seal) \_\_\_\_\_ (Notary Public)

**To Applicant:**

*Please complete the authorization below and deliver this form to your guidance counselor/principal.*

**Authorization for Release of Educational Records**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

In accordance with Federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to Grace Christian Academy of all educational records about the above-named individual who is applying to Grace Christian Academy, including recommendations and such other information as may be requested.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**To Principal or Guidance Counselor:**

The student named above has made application for admission to Grace Christian Academy. We request that you promptly send the following information:

1. The transcript of the student's record to date, including grades for courses in progress
2. A copy of the student's complete test profile
3. Attendance record
4. A copy of all disciplinary records
5. Immunization certificate/record and birth certificate

**Please mail to:**

Grace Christian Academy  
 Admissions Office  
 355 McDonough Rd.  
 Fayetteville, GA 30215  
 Phone: 770-461-0137  
 Fax: 770-461-1190

Thank your for your cooperation. Please feel free to call with any comments.



# Grace Christian Academy--Admissions Referral Form Academic Recommendation

Name of Applicant: \_\_\_\_\_

Present School: \_\_\_\_\_ Present Grade: \_\_\_\_\_

**Directions to Parent:** Please sign the authorization below and give to your child's present teacher, counselor or principal. Have that person return the completed form to GCA at the address below.

Student's Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

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**Directions to Teacher, Counselor or Principal:** The student named above has applied for admission to Grace Christian Academy. After filling out the information below please send directly to **Grace Christian Academy, 355 McDonough Rd., Fayetteville, GA 30215**. This information is confidential and will be restricted to the admissions committee of GCA. Please attach any additional sheets as necessary.

(Circle One) Teacher/Counselor/Principal Name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. How long have you known this student? \_\_\_\_\_

2. Would this student be allowed to reenroll at your school?  YES  NO If no, please explain below.

3. Does this student have any previous conduct problems?  YES  NO If yes, please explain below.

4. Has this student been recognized for outstanding achievement in any of the following areas?

a. Academics: \_\_\_\_\_

b. Athletics: \_\_\_\_\_

c. Bible: \_\_\_\_\_

d. Character Areas: \_\_\_\_\_

5. Please describe his/her academic strengths and weaknesses.

6. How strongly do you recommend this student as a prospective Christian school student?

	Highly	Without	With	Not
	Recommend	Reservation	Reservation	Recommend

a. Spiritually/Personally \_\_\_\_\_

b. Academically \_\_\_\_\_

c. \_\_\_\_\_ Call me, I have some personal comments that may help you make your decision.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Grace Christian Academy--Admissions Referral Form Academic Recommendation

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Present School: \_\_\_\_\_ Present Grade: \_\_\_\_\_

**Directions to Parent:** Please sign the authorization below and give to your child's present teacher, counselor or principal. Have that person return the completed form to GCA at the address below.

Student's Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

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(Circle One) Teacher/Counselor/Principal Name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. How long have you known this student? \_\_\_\_\_

2. Would this student be allowed to reenroll at your school?  YES  NO If no, please explain below.

3. Does this student have any previous conduct problems?  YES  NO If yes, please explain below.

4. Has this student been recognized for outstanding achievement in any of the following areas?

a. Academics: \_\_\_\_\_

b. Athletics: \_\_\_\_\_

c. Bible: \_\_\_\_\_

d. Character Areas: \_\_\_\_\_

5. Please describe his/her academic strengths and weaknesses.

6. How strongly do you recommend this student as a prospective Christian school student?

	Highly	Without	With	Not
	Recommend	Reservation	Reservation	Recommend

a. Spiritually/Personally \_\_\_\_\_

b. Academically \_\_\_\_\_

c. \_\_\_\_\_ Call me, I have some personal comments that may help you make your decision.

Signed \_\_\_\_\_ Date \_\_\_\_\_



### Authorized Pick-Up List

To whom it may concern:

I hereby give my consent for any of the following individuals to pick up my child/children from school or school-related events.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions:** Please fill out one form per family. All information is needed for each person on the list. If any changes or additions are needed, please email your child's teacher with the updated information or you may update the information on RenWeb under the Family Demographic section.

Name	Phone #	Relationship to Family	Email Address



## Photography Release Form

Dear Parent/Guardian,

From time to time, we take photographs of the children at our school. These images may be used in our school's printed publications as well as on our website. We also make videos of our school programs (i.e. Grandparent's Day, Drama, K5 Graduation), which may include your child. These may be distributed to parents and grandparents and may be used on our website.

By signing this form, you are acknowledging that you have no objection to the usage of our media as described above. Please return the completed form to the front office.

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name (Please print) \_\_\_\_\_

### Conditions of use:

- 1. This form is valid for all photographs and video taken during the period of time your child attends Grace Christian Academy.**
- 2. We will not use personal details or names of any child in a photographic image on video, on our website, or on any other printed publications without good reason.**