

## FORMS NEEDED--NEW 2<sup>nd</sup> Student

Please complete and return all forms, information on the checklist, and enrollment fees to the school office.  
**ALL FORMS MUST BE COMPLETED AND RECEIVED BY THE SCHOOL TO COMPLETE ENROLLMENT.**

STUDENT NAME: \_\_\_\_\_

\_\_\_\_\_ Application

\_\_\_\_\_ Standard of Conduct

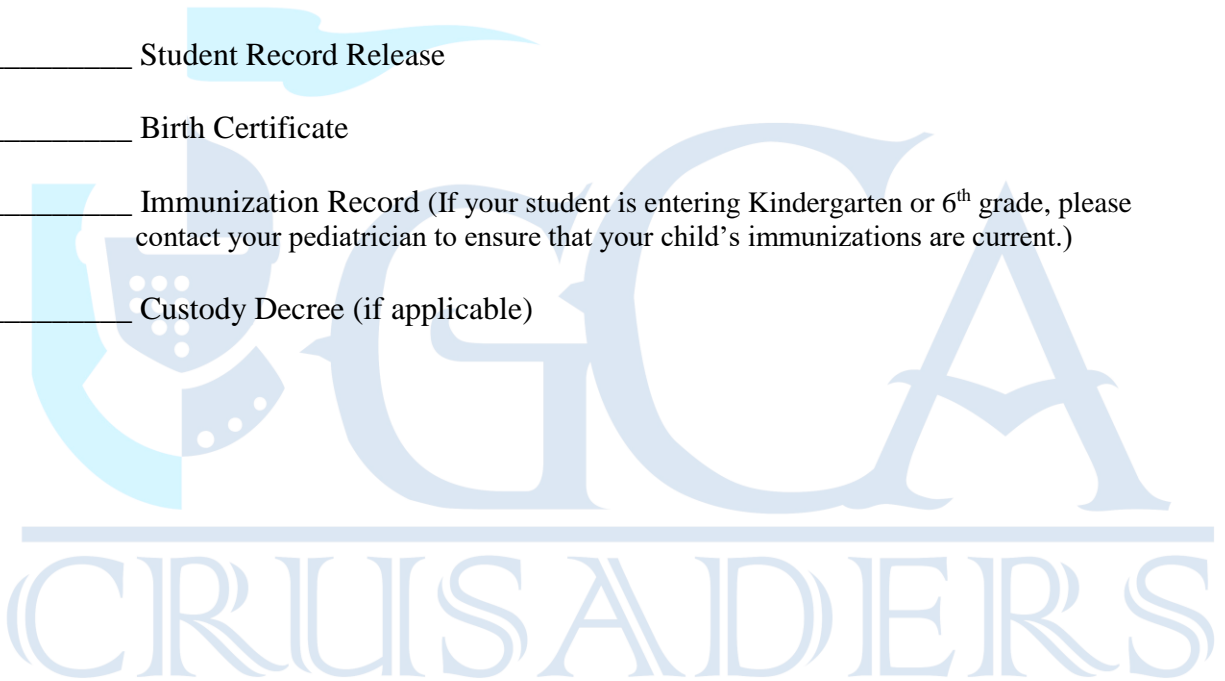
\_\_\_\_\_ Medical History

\_\_\_\_\_ Student Record Release

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Immunization Record (If your student is entering Kindergarten or 6<sup>th</sup> grade, please contact your pediatrician to ensure that your child's immunizations are current.)

\_\_\_\_\_ Custody Decree (if applicable)



**Grace Christian Academy**  
**Student Application**

Application Date: \_\_\_\_\_ Student's Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Student Information**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade Enrolling Currently \_\_\_\_\_

School Last Attended \_\_\_\_\_

**Family Information**

Father's Name \_\_\_\_\_

Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Step-Parent \_\_\_\_\_

Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Widow \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Church Attending \_\_\_\_\_

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

**Scholastic Information**

Has the student ever been expelled, dismissed, suspended or refused admission to another school? \_\_\_\_\_

Why? \_\_\_\_\_

Has the student ever had disciplinary difficulty at School? \_\_\_\_\_

Why? \_\_\_\_\_

Does the student have a juvenile or arrest record? \_\_\_\_\_

Explain: \_\_\_\_\_

Has the student ever used or had possession of tobacco or nonprescription drugs of any kind? \_\_\_\_\_

Explain: \_\_\_\_\_

Has the student ever failed an academic subject in school? \_\_\_\_\_

Indicate the academic level of the student's work: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

### Medical Information

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Does the student have any physical impairments or allergies? \_\_\_\_\_

Is the student's immunization record up to date? \_\_\_\_\_

### General Information

How did you hear about this school? \_\_\_\_\_

Reason for selecting this school \_\_\_\_\_

This application must be filled out completely before it can be processed. **Enrollment fees must accompany this application and are nonrefundable.** An interview with the parents and the student will be required before final acceptance.

Grace Christian Academy has a racial nondiscriminatory policy and, therefore, does not discriminate against members, applicants, students, and others on the basis of race, color or national or ethnic origin.

"I hereby pledge to pay my financial obligation to the school on the due date and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past-due account.

"I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline it deems wise and expedient for the training of my student.

"I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid."

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## STANDARD OF CONDUCT FORM

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

The student's attitudes, conversation, and behavior reflect the character of the institution from which he derives his training. This form reflects the Educational Ministry's attempts to secure students who would best adjust to the rigor of a highly disciplined training program which must set high standards. These standards will result in a characterized student to lead in reformation for our nation and the world.

We ask that each student honestly answer the following questions:

Do you attend church regularly? \_\_\_\_\_

Where do you attend church? \_\_\_\_\_

Do you accept the Bible as God's Word and submit yourself to its principles as a final authority? \_\_\_\_\_

Do you sincerely pledge allegiance to the Christian and American flags? \_\_\_\_\_

Do you use tobacco products of any kind? \_\_\_\_\_ Have you ever used tobacco products of any kind? \_\_\_\_\_

Do you use or have possession of narcotics? \_\_\_\_\_ Have you in the past ? \_\_\_\_\_

Are you a member or contributor to any website or social networking site (I.E. Facebook, Etc.)? \_\_\_\_\_

If you answered "yes" to the previous question, please list the addresses to ALL websites and forums of which you are a member, owner, or contributor:

\_\_\_\_\_

Have you ever run away from home? \_\_\_\_\_ How long ago? \_\_\_\_\_

Will you promise not to draw, wear, or display in any way any anti-Christian symbols? \_\_\_\_\_

Will you agree to abide by the dress code of the Educational Ministry while at the School or on any sponsored activity? \_\_\_\_\_

Boys: Will you agree to keep your hair neatly trimmed according to the school code and be clean shaven? \_\_\_\_\_

Will you agree to keep all facial hair shaved? \_\_\_\_\_

Girls: Will you agree to use makeup and wear jewelry in good taste? \_\_\_\_\_

Will you agree to keep all the rules and respect all authorities without being critical and finding fault? \_\_\_\_\_

Have you read the Handbook for the Education Ministry? \_\_\_\_\_

Do you want to attend this school? \_\_\_\_\_

Why? \_\_\_\_\_

### General Policy:

Students are expected to abide by these standards of conduct throughout their enrollment. Students found to be out of harmony with the Educational Ministry's ideals of work and life may be invited to withdraw whenever the administration determines that it is necessary.

As a student of the Educational Ministry, I pledge to uphold the standards against cheating, swearing, backbiting, smoking, gambling, dancing, drinking alcoholic beverages, using or talking favorably about narcotics, using indecent language, viewing or talking about questionable movies, lying, and using profanity. I will act in a very orderly and respectful manner and will maintain the standards of courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in this Educational Ministry while I am a student attending the Educational Ministry and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards of the Educational Ministry.

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

# MEDICAL HISTORY

It is mandatory that students who display symptoms of communicable diseases be excluded from classes until readmission is acceptable to the Educational Ministry leaders. Your cooperation will be greatly appreciated. Thank you!

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Health: \_\_\_\_\_ If deceased, cause: \_\_\_\_\_

Mother's Health: \_\_\_\_\_ If deceased, cause: \_\_\_\_\_

Child's Health: \_\_\_\_\_

List any childhood diseases that your child has had in the past.

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List any disabilities that your child might have.

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**A copy of your child's immunization record MUST accompany this form.**

The date of your child's next booster or immunization is: \_\_\_\_\_

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

# GRACE CHRISTIAN ACADEMY

## *Student Record Release Form*

**Parent:** Please complete the form below authorizing release of records from the student's previously attended school.

\_\_\_\_\_  
APPLICANT'S NAME

\_\_\_\_\_  
GRADE

\_\_\_\_\_  
DATE OF BIRTH

**I grant permission to the proper authorities at**

\_\_\_\_\_  
Name of Applicant's Previously Attended School

\_\_\_\_\_  
School Address City/State/Zip Code

\_\_\_\_\_  
School Phone Number

\_\_\_\_\_  
School Fax Number

**to release a copy of the following records to Grace Christian Academy:**

**Checklist**

- Attendance record
- Academic Records
- Standardized Achievement test scores
- Intelligence and aptitude test scores
- Teacher and/or counselor observations and comments
- Discipline Record
- Family background data
- Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Authorized Signature—Grace Christian Academy**

**Please forward all applicable records to the following address:**

**GRACE CHRISTIAN ACADEMY**

**1705 ACCESS ROAD**

**COVINGTON, GEORGIA 30014**

PHONE: 770-385-7390

FAX: 678-212-0363