Dear Pastor,

The family listed below is seeking admission into Grace Christian Academy. It is our desire to maintain a student body that is actively seeking to keep Christ as the focal point of their entire lives. To this end we seek to accept students who are actively involved in a local, Bible-believing Church. We believe that Christian education is not one-dimensional but rather three-dimensional. It is vital to the character and moral standing of Grace Christian Academy that each student be under the authority of Christian parents who are concerned about their faithfulness to a local church body. It is our goal to provide for every student an environment that is consistent with his/her church and home. Together, the home, local church, and Christian school can provide a stable, Christ-centered environment in the three major dimensions of a young person’s life.

To assist us in the acceptance process, please complete and return the following form to the address listed above. We ask for your candor, and we promise complete confidentiality. We consider each application prayerfully and seriously, and we ask that you grant this applicant an open and serious evaluation. Thank you for your help and honesty in this matter.

In His Grip,

Tim D. Allen
Principal

PASTORAL RECOMMENDATION

I, ________________________________________, Pastor of ________________________________________ Church do recommend the ________________________________________ family to Grace Christian Academy.

Please check the following areas in which this family is faithful:

_____ Sunday School
_____ Mid-week Worship
_____ Sunday Morning Worship
_____ Tithing
_____ Sunday Evening Worship
_____ Other Ministries

(Please explain)

Please detail any additional reasons that you recommend this family for consideration to Grace Christian Academy:

Please candidly list any conditions of which we should be aware that might prohibit the acceptance of this family:

Do you wholeheartedly and without reservation recommend this family to Grace Christian Academy?  

Y   N

___________________________________
Signature

___________________________________
Date
Dear Friend In Education,

The family listed below is seeking admission into Grace Christian Academy. It is our desire to preserve a student body that is actively seeking to maintain high moral and ethical standards. To this end we accept students only upon careful review of recommendations received. It is vital to the character and moral standing of Grace Christian Academy that we continue this tradition. The following recommendation should be a reflection of the student’s character as well as the moral standing of the parents and family.

To assist us in the acceptance process, please complete and return the following form to the address listed above. We ask for your candor, and we promise complete confidentiality. We consider each application prayerfully and seriously, and we ask that you grant this applicant an open and serious evaluation. Thank you for your help and honesty in this matter.

In His Grip,

Tim D. Allen
Principal

COMMUNITY RECOMMENDATION

Family Name: __________________________ Years Known: _______ Relationship: ____________________

Please label the following qualities as (P) Present, (N) Needs Improvement, or (L) Lacking:

PARENT  STUDENT

_____ Trustworthy  _____ Honest in Word

_____ Dependable  _____ Self-Control

_____ Honest in Word  _____ Obedient

_____ Supportive of Children  _____ Respectful

_____ Honest in Business  _____ Compassionate

_____ Self-Control  _____ Friendly

Please detail any additional reasons that you recommend this family for consideration to Grace Christian Academy:

Please candidly list any conditions of which we should be aware that might prohibit the acceptance of this family:

Do you wholeheartedly and without reservation recommend this family to Grace Christian Academy?  Y  N

___________________________________
Signature

___________________________________
Date
Dear Friend In Education,

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In His Grip,

Tim D. Allen
Principal

COMMUNITY RECOMMENDATION

Family Name: __________________________   Years Known: _______   Relationship: ____________________

Please label the following qualities as (P) Present, (N) Needs Improvement, or (L) Lacking:

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<thead>
<tr>
<th>PARENT</th>
<th>STUDENT</th>
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<td>Self-Control</td>
<td>Friendly</td>
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</tbody>
</table>

Please detail any additional reasons that you recommend this family for consideration to Grace Christian Academy:

Please candidly list any conditions of which we should be aware that might prohibit the acceptance of this family:

Do you wholeheartedly and without reservation recommend this family to Grace Christian Academy?   Y   N

___________________________________
Signature

___________________________________
Date

2019
# APPROVED PICKUP LIST

School Year 20____-20____

<table>
<thead>
<tr>
<th>Family Name: ________________________________</th>
<th>Family Number: ________________________________</th>
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The following are permitted to pick up my child(ren):

<table>
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<tr>
<th>Name</th>
<th>Relation</th>
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</table>

Parent Signature

Students are not permitted to leave school property with someone other than those listed above. In keeping with the G.C.A. Policy Handbook, “No one will be permitted to ride with another student or parent without the written permission of a parent given directly to the school staff.”
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 Current School
______________________________________________________________________________
School Address City/State/Zip Code

______________________________________________________________________________
School Phone Number       School Fax Number

I authorize the release 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