

For Office Use:

Enrollment Application

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GRACE CHRISTIAN ACADEMY

3200 Firewheel Drive
Flower Mound, TX 75028
Phone 972-539-7284

Registration fee paid:
Interviewed:
Pastor's Reference:
Accepted:
Transcript requested:

Student Information

Date of application _____ Home Phone _____

Name _____
Last First Middle

Address _____
Street City State Zip

Date of Birth _____ Gender _____ Present Age _____ Social Security # _____
Month/Day/Year

Place of Birth _____ Race _____
City County State

Present Grade (or grade just completed) _____ Applying for grade _____

School last or presently attending _____

Mailing address of school _____
Street City State Zip

Is applicant a church member? Yes _____ No _____ Church Attendance: Child-Father-Mother

Are parents church members? Yes _____ No _____

Name of church _____

- Faithful to all weekly services
- Faithful to Sunday mornings
- Sporadically attend Sunday mornings
- Seldom attends

Name of pastor _____ Church phone _____

Applicant's doctor for emergency use _____ Phone _____

Has applicant ever been expelled, suspended, dismissed, or otherwise severely disciplined in any other school?

Yes _____ No _____ If yes, please explain _____

Does applicant have any physical, mental, or emotional problems of which the teacher should be aware?

Yes _____ No _____ If yes, please explain _____

In case of an emergency in which you cannot be reached, who should be contacted?

Name _____ Phone _____

Address _____ Relationship? _____

Please complete next page

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Student Information, page 2

Parents or guardians with whom child resides:

Father's name _____ Mother's name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business phone _____ Business phone _____

Social Security # _____ Social Security # _____

Email _____ Email _____

Cell phone _____ Cell phone _____

Marital Status: _____ Marital Status: _____

Married ___ Widower ___ Separated ___ Divorced ___ Remarried ___ Married ___ Widow ___ Separated ___ Divorced ___ Remarried ___

If child is residing with other than natural parents, please describe the relationship. _____

If child is not residing with natural parents, please give name, address, and phone of natural parents. _____

Are there any unusual factors in the child's life such as adoption, serious illness, trauma in the home, or other circumstances about which the child's teachers should know to better help the child? _____

How did you learn of GCA and who referred you? _____

List the names and ages of all children in the family in age order. _____

In submitting this application I hereby acknowledge the following:

1. My child may go on school field trips and other scheduled, supervised school related activities.
2. The administration has full responsibility for placement of the student in the proper grade level and curriculum.
3. My child will be expected to abide by Christian standards of conduct and appearance as described in the GCA Student Guidelines without recourse.
4. The school reserves the right to discipline or dismiss any student who does not abide by the standards of conduct outlined in the Student Guidelines
5. We believe that Christians are **PROHIBITED** from bringing civil lawsuits against other Christians or the church to resolve personal disputes.

Date Signature of father or legal guardian

Date Signature of mother or legal guardian