

GRACE CHRISTIAN SCHOOL

416 Denham Avenue
West Columbia, SC 29169
(803) 794-8996

FOR OFFICE USE ONLY:

Date Received: _____
Reg. Fee Paid: _____
Immunization: _____
Birth Certificate: _____

APPLICATION FOR ADMISSION

SCHOOL YEAR _____ Birthdate: _____
Student's Name: _____ Goes By: _____
SSN: _____ Height: _____ Weight: _____ Sex: _____ Nationality: _____

Grade Entering

Kindergarten _____ K-3
_____ K-4
_____ Half-Day K-5
_____ Full-Day K-5

Elementary Grade _____

Junior/Senior High Grade _____

Extended Care

_____ 12:00-6:00 p.m. _____ Extended care **not** needed
_____ 12:00-6:00 p.m.
_____ 3:00-6:00 p.m.
_____ 3:00-6:00 p.m.

Brothers/Sisters Enrolling at Grace and Grades Entering: _____

Parent Information

Father's Name _____ Home Phone: _____ Cell _____

Address: _____ City/State/Zip: _____

Employer _____ Work Phone: _____

Mother's Name _____ Home Phone: _____ Cell _____

Address: _____ City/State/Zip: _____

Employer _____ Work Phone: _____

Please check if any of the following apply: Separated Divorced Remarried Widowed

Student lives with: _____

Church Information

Name of Student's Home Church: _____

Street Address: _____

City/State/Zip Code: _____

Pastor's Name _____ Youth Pastor _____

Has applicant accepted Jesus Christ as his/her personal Savior? _____

Does applicant attend Sunday School? _____

Emergency Information

Who should be called in case of emergency if parents cannot be reached?

Grandparent _____ Phone _____

Neighbor _____ Phone _____

Other _____ Phone _____

Person(s) authorized to pick up this child: _____

How often has this child changed schools? _____

School(s) attended during previous year: _____

Address: _____

Any unusual factors in the child's life? (Absence of parent, any physical problems, relatives in home, unusual accidents, etc.)

We desire to enroll this child in this school because: _____

How did you hear about Grace? Friends ___ Yellow Pages ___ Internet ___ Other: _____

Statement of Cooperation

In making application for my child to attend Grace Christian School, it is my desire that he/she completes the school year. I further agree that:

1. The teacher, subject to the approval of the principal, has full authority in the discipline of my child according to the standards outlined in the Bible (Proverbs 22:6; Proverbs 22:15).
2. My child has permission to take part in all school activities, including sports and field trips, and I will not hold the school liable to me or my child because of any injury to my child at school or during any school activity.
3. The school has permission to administer general first aid, but will not administer any oral medication (including aspirin). Prescription medication sent from home may be administered upon written request by parents.
4. I agree to attend ALL Parent-Teacher meetings at the school so that I will stay informed of the activities of the school and of my child's progress.
5. I understand that tuition payments are made August through May, are payable on the first day of each month, and become delinquent after the 10th. Should I have difficulty meeting my obligations, I will contact the business office before the 10th of the month and make financial arrangements.
6. When problems arise, I will use the following procedure in the order listed:
 - a. call the school or write a note and have the teacher call me
 - b. request a conference with supervisor if the problem is not solved
 - c. request a conference with the principal, if necessary
 - d. with a good spirit, withdraw my child if I cannot support the policies, procedures, or staff of the school

Grace Christian School will periodically take photographs of children to be placed on the school website to display school activities, events and classroom participation. First names only will be used when appropriate. Please indicate whether you grant permission for your child's photo to be displayed.

_____ Permission Granted _____ DO NOT use my child's photograph

I have read the Home-School guide and will abide by the policies stated therein. I realize that it is my obligation to train and educate my child; therefore, I am pledging my full support and cooperation to Grace Christian School and its faculty. It is my prayerful desire that my family contribute positively to the spirit of the school and live lives pleasing to the Lord.

Parent Signature _____ Date _____

Student Signature _____ (Grades 7-12 only)