

APPLICATION FOR ADMISSION

Date: _____ Admission date desired: _____

PRESCHOOL:

- 5 days 8:00am-3:00pm
- 2 days 8:00am-3:00pm
- 5 days 8:00am-11:15am
- 2 days 8:00am-11:15am

KINDERGARTEN:

- 8:00am-3:00pm
- 8:00am-11:15am

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

STUDENT INFORMATION

Name: Last: _____ First: _____ Middle: _____

Male Female Age: _____ Preferred First Name: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ E-mail: _____

Date of Birth: _____ Place of Birth: _____

Please describe your child: _____

Explain the home situation if there is anything that GCS should be aware of to adequately understand and care for your child.
(Absence of father/mother, unusual accidents or serious illness, etc.) _____

Are there any concerns that we should be aware of that could impact or impair your child's ability to succeed in school? _____

Does your child receive medications: Yes No Type: _____

Does your child have allergies to: Medication: Yes No Type: _____

Food: Yes No Type: _____

Other: Yes No Type: _____

How does your child respond to correction and/or redirection? _____

SCHOOL HISTORY

Is this your child's first school experience? Yes No

List previous schools attended:

1) Name of School: _____

Address: _____

Grade: _____ Reason for Leaving: _____

2) Name of School: _____

Address: _____

Grade: _____ Reason for Leaving: _____

FAMILY INFORMATION

FATHER:

Title: _____ First Name: _____

Last Name: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____

Cell Phone: _____

Marital Status: Married Separated Divorced
 One Parent Widow/Widower

Does child live with you? Yes No

Occupation: _____

Place of Employment: _____

Title/Position: _____

MOTHER:

Title: _____ First Name: _____

Last Name: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____

Cell Phone: _____

Marital Status: Married Separated Divorced
 One Parent Widow/Widower

Does child live with you? Yes No

Occupation: _____

Place of Employment: _____

Title/Position: _____

If your child does not live with both parents, he/she lives with: Natural mother only Natural father only
 Natural mother and stepfather Natural father and stepmother Guardian Adoptive parents

Who has legal custody of the student? _____
(Written documentation is required prior to enrollment.)

Is either parent forbidden by court order from having access to the child or the school records? Yes No
(Written documentation is required prior to enrollment.)

Primary language spoken at home: _____ Second language: _____

SIBLINGS

Name: _____ Age: _____ Grade: _____

Present School: _____ Applying to GCS? Yes No

Name: _____ Age: _____ Grade: _____

Present School: _____ Applying to GCS? Yes No

Name: _____ Age: _____ Grade: _____

Present School: _____ Applying to GCS? Yes No

SPIRITUAL LIFE

Church attending: _____

Address: _____ Member? Yes No

What activities of your church are you or members of your family involved in besides worship? _____

What factors have provided the greatest impact on the spiritual life of your family? _____

What do you think are the characteristics of a Christian family? _____

WHAT IS YOUR RELATIONSHIP TO JESUS CHRIST?

FATHER:

Do you know if you have eternal life? Yes No

On what do you base your answer? _____

What practices do you follow that provide spiritual strength for you? _____

MOTHER:

Do you know if you have eternal life? Yes No

On what do you base your answer? _____

What practices do you follow that provide spiritual strength for you? _____

SUPPLEMENTAL INFORMATION

How did you hear about Griffin Christian School? _____

Who, if anyone, referred you? _____

Why are you interested in enrolling your child at GCS? _____

What expectations do you have of the education your child will receive at GCS? _____

- We/I accept the regulations of Griffin Christian School (GCS).
- We/I authorize the school to hold our/my child accountable to GCS standards and policies.
- We/I agree to have our/my child taught according to the doctrinal position of the school.
- We/I accept the policies detailed in the Parent Handbook and agree to abide by the school's discipline policies.
- We/I promise to pay the financial obligations, as set forth by GCS, to GCS on or before the due date or accept the consequences of the delinquent tuition policy.
- We/I are responsible for providing family health insurance to cover injury or illness during school hours and activities.
- We/I pledge cooperation in regular tuition payments, practical service, prayer and special gifts as the Lord enables.
- We/I understand that any false information or significant omissions may disqualify children) from admission and may be justification for dismissal from GCS if discovered at a later date.
- We/I give permission to have our/my child's photograph used in school- and church-related print and web-based publications.

We/I have read the terms stated on this application and agree thereto:

(Signature of Parent or Guardian)	(Date)
(Signature of Parent or Guardian)	(Date)

This application does not assure final enrollment, but provides information upon which a decision will be based. The non-refundable application fee is payable at the time of submission.

NON-DISCRIMINATORY POLICY

It is the policy of Griffin Christian School to admit students of any race, gender, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students in the school program. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, class assignments, scholarship programs, and other school-administered programs. All persons or organizations having occasion to either refer children for admission or to recommend Griffin Christian School are advised to do so without regard to their race, color, national and ethnic origin.

FOR OFFICE USE ONLY

Child's Name: _____

Grade: _____

Date Received: ___/___/___ Fee Paid: Yes No

Starting Date: ___/___/___ Acceptance: Yes No

Office Initials _____ Principal's Initials _____

Immunization Records Received Date: ___/___/___

Copy of Birth Certificate Received Date: ___/___/___

Registration Fee Received Date: ___/___/___



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A Ministry of Fox Valley Baptist Church