

Grace Christian Academy

A MINISTRY OF GRACE COMMUNITY CHURCH

Application for Admission

Applicant Information

Application Date: _____ Referred By: _____

Application's Name: _____

Preferred Name: _____ Last _____ First _____ Middle _____
Date of Birth: _____ Gender: Male Female

Current Grade: _____ Applicant for Grade: _____

Applicant's Home Address: _____
Street Address _____ City _____ State _____ Zip Code _____

Home Phone: _____ E-Mail _____ Cell Phone _____

Applicant lives with (check all that apply):

- Father Stepfather Parents Separated
 Mother Stepmother Parents Divorced
 Guardian Father Deceased
 Other _____ Mother Deceased

Please list schools attended by the applicant – current school first:

1. _____
2. _____
3. _____

Family Information

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Address: _____

Address: _____

Phone: _____ (H) _____ (W)

Phone: _____ (H) _____ (W)

Cell Phone: _____ other _____

Cell Phone: _____ other _____

Employer/Position _____

Employer/Position _____

Emergency Contact Information

Name: _____

Doctor: _____

Address: _____

Address: _____

Phone: _____ Cell _____

Phone: _____

Relationship: _____

Financial Information

Who will be responsible for payment of tuition? _____

Do you intend to apply for financial assistance? Yes No

Admission decisions and financial assistance awards are made separately. Financial assistance is limited and may not be available to all admitted students.

How did you hear about Grace Christian Academy? _____

Why did you decide to apply to Grace Christian Academy? _____

Parent or Guardians Signature: _____ Date _____