

Grace Christian School 2017-2018 **Preschool Application for Admission – NEW STUDENT**
Faith · Preparation · Community · Service · Spirit · Leadership



Application Date _____

Please check the preferred schedule choice:

Three-Four Year Old

- M-F Full Day
- M-F Half Day
- M/W/F Full Day
- T/TH Full Day

Pre-Kindergarten

- M-F Full Day
- M/W/F Full Day

Student's Name _____ Goes by: _____
(Last) (First) (Middle)

Address _____
(Street)

(City) (State) (Zip Code) (County)

Home Phone _____ E-mail Address _____

Student's Date of Birth _____ Social Security Number _____ Sex M F

Public school district in which you reside _____

Public school your child would attend if not attending GCS _____

Ethnicity (Optional): Black White Hispanic Asian/Pacific Islander American Indian Alaskan Native Multiracial

Parent Information

Father / Stepfather / Guardian (Circle one)

Mr. Pastor Dr. Other _____

Full Name

Address (if different from student info above)

City State Zip

Email Address

Cell Phone

Employer

Occupation/Title

Business Phone

Mother / Stepmother / Guardian (Circle One)

Mrs. Ms. Dr. Other _____

Full Name

Address (if different from student info above)

City State Zip

Email Address

Cell Phone

Employer

Occupation/Title

Business Phone

Parents marital status: Married Single Separated Divorced Mother Deceased Father Deceased

If parents are divorced, not married or separated, who has legal custody? Mother Father Both

Please note, a copy of the court-issued judgment relating to custody of childcare and decision making authority regarding school matters must accompany this application.

Correspondence regarding application, financial matters and future school communication should be sent to:

Mother Father Both

Church Life

Home Church _____ Pastor _____

Address _____
(Street) (City) (State) (Zip)

How long have you attended here? _____ Do you attend regularly? Yes No

If no, please explain. _____

Previous Schooling

Has the child ever been suspended or expelled from school? Yes No If yes, please explain. _____

Has the child ever repeated a grade? Yes No If yes, which grade? _____

Has the child ever been tested for or diagnosed with: a learning disability ADD ADHD

If yes, please explain. _____

May we request a copy of the school or physicians report? Yes No

If yes, please provide the name of the physician or school counselor as well as his or her contact information.

(Name) (Practice or School) (Phone Number)

Does the student have any physical disabilities? Yes No If yes, please explain. _____

Are there any unusual factors in the student's life (absence of parent(s), serious illness, accidents, adoption, etc.)? If yes, please explain. _____

Father's Signature date

Print Name

Mother's Signature date

Print Name

Grace Christian School
7510 E Broad Street
Blacklick, OH 43004
Phone: 614.861.0724
Fax: 614.863.8509
www.gcsblacklick.org

NONDISCRIMINATORY POLICY AS TO STUDENTS: Grace Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. Grace Christian School does not discriminate on the basis of race, color, age, gender national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, athletic, and other school-administered programs.