

GROVE CITY CHRISTIAN ACADEMY

Be transformed by the renewing of your mind. Romans 12:2

Enrollment Application

Date: _____ Application for School Year: _____

Student's Full Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Age: _____ Sex: M / F

Grade of Entry: _____ (1 - 8) OR Select Preference
(All classes are AM unless you are informed other wise.)
AM PM
_____ 5 day Kindergarten _____
(It is recommended that children be 5 years old by September 1st before starting Kindergarten)
_____ 2 day Preschool/ 3 year olds (TR) _____
_____ 3 day Preschool/ 4 & 5 year olds (MWF) _____

Family Information:

Father

First Name: _____ Last Name: _____
Education: ___ High School ___ College ___ Postgraduate
Occupation: _____
Employer: _____ Employer's Phone: (____) _____

Mother

First Name: _____ Last Name: _____
Education: ___ High School ___ College ___ Postgraduate
Occupation: _____
Employer: _____ Employer's Phone: (____) _____

Home Address: _____ School District: _____

Home Phone: (____) _____ Cell Phone: (____) _____
Email Address: _____

Parents are: Married ___ Separated ___ Divorced ___
Widowed ___ Never Married ___

Student lives with: Both Parents ___ Father ___ Mother ___ Guardian ___

Guardian (if not father or mother):

First Name: _____ Last Name: _____

Relationship: _____

Education: ___ High School ___ College ___ Postgraduate

Occupation: _____

Employer: _____ Employer's Phone: (____)_____

Home Address: _____ School District: _____

Home Phone: (____)_____

Other Family Information:

Siblings of Applicant	Age	Enrolled in GCCA?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Have you been interviewed at Grove City Christian Academy before? ___yes ___no

**Approximate date?_____

Emergency Contact:

In case of emergency or illness, whom should be contacted? Please list at least two individuals.

Name	Phone	Relationship to Family
_____	(____)_____	_____
_____	(____)_____	_____
_____	(____)_____	_____

Church Information:

What church do you attend? _____

Are you a member? _____ Do you attend regularly with your children? _____

Minister's name: _____ Phone: (____)_____

Please give a brief testimony of your personal faith in Jesus Christ.

Father: _____

Mother: _____

Student Information: (Please complete this student information page for each child applying to GCCA.)

Schools Attended:

List in order (most recent first) the schools which the student has attended.

Grade	School	School District
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the student ever been retained? ___Yes ___No

If 'yes', please state the reason and the grade in which the student was retained.

How many days of school did your child miss last year? _____

[If applicable, please submit a copy of your child's last report card with this application.]

Medical Information:

Family Physician: _____ Phone: (____) _____

Is your child generally in good health? _____

Allergies: _____

Medication: _____

Medical Conditions:

Does your child have any handicaps (speech problems, loss of limb, etc.) or physical conditions (diabetes, fainting, epilepsy, etc.) that the school should know about?

If yes, please state the condition, any activities the child cannot or should not do, and what should be done in an emergency. _____

Special Interests:

Is there anything we should know about your child that would help us know him/her better? _____

Why do you want your child to attend Grove City Christian Academy? How do you hope it will benefit him/her? _____

Marketing Information:

How did you learn about Grove City Christian Academy? (Please check all that apply.)

GCCA Family (Name) _____

Friend Relative Ad Church GCCA Website Other _____

Signatures:

I will agree to the grade placement Grove City Christian Academy determines is best for my child.

I agree with and will support the discipline policies of Grove City Christian Academy.

I agree to abide by all other Grove City Christian Academy policies as outlined in the handbook, and to be faithful to all of my obligations.

I agree to commit myself to and be supportive of the Christian educational philosophy and mission of Grove City Christian Academy.

Signature of parents or guardians: (Both must sign, if applicable)

Please submit this application and a \$20 registration fee (nonrefundable) per student to:

*Grove City Christian Academy
301 N. Madison Avenue
Grove City, PA 16127*