



# Gospel of Grace Christian School

## Student Application

Pre-School - Kindergarten

**FORMS THAT ARE NOT FILLED OUT ENTIRELY WILL NOT BE PROCESSED!**

### Student Information

Starting Date: \_\_\_\_\_ Grade Entering \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_

Church Regularly Attended by the Student: \_\_\_\_\_

Who does the student live with (ex: birth mother & father, step-mother or father, or legal guardian)?  
\_\_\_\_\_

### Parent Information

Please provide **all information** (such as address, phone numbers, and work information) for step-mother, step-father, or legal guardian on back.

**Mother's Full Name:** \_\_\_\_\_  
Last First M.I.

(If different from child)

Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_ (Have you remarried? \_\_\_\_\_)

Cellular Phone: \_\_\_\_\_ Does mother have legal custody? \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_  
Last First M.I.

(If different from child)

Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_ (Have you remarried? \_\_\_\_\_)

Cellular Phone: \_\_\_\_\_ Does father have legal custody? \_\_\_\_\_

**Parent Questions/Agreement**

**Questions Below Must Be Completed by Parent or Guardian**

1. Why do you want this student to attend Gospel of Grace? \_\_\_\_\_  
\_\_\_\_\_

2. How did you hear about Gospel of Grace: \_\_\_\_\_

3. Were you referred by someone? \_\_\_\_\_ If yes, who: \_\_\_\_\_

4. Is the **father** a born-again Christian? \_\_\_\_\_

Please explain how you became a born again Christian:  
\_\_\_\_\_  
\_\_\_\_\_

Church attended regularly by the **father**: \_\_\_\_\_ Phone #: \_\_\_\_\_

5. Is the **mother** a born-again Christian? \_\_\_\_\_

Please explain how you became a born again Christian:  
\_\_\_\_\_  
\_\_\_\_\_

Church attended regularly by the **mother**: \_\_\_\_\_ Phone #: \_\_\_\_\_

Space is limited at Gospel of Grace Christian School; therefore, if your child is accepted, someone else might be rejected due to lack of space. In making application for enrollment, you are stating that you desire for your child to complete the school year 2025-2026 at Gospel of Grace Christian School. If you remove your child before the end of the school year, an empty spot is left in the classroom. Since we operate at the very lowest cost possible to make Christian education affordable, we are left with a gap in our income. **Therefore, if you remove your child before the school year has ended, you must pay half of the remaining tuition or \$640, whichever is greater.** No records will be released if this obligation is not met, and your balance may be referred to a collection agency.

**Tuition balances must be paid in full by the due date each month. If there is any balance due after the due date, Smart Tuition will charge a \$40 late fee. If the balance still is not paid 5 days after the due date, your child's attendance will be interrupted until the balance is paid in full.**

I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_, desire to have my child complete the 2025-2026 school year at Gospel of Grace. I understand that the policy of Gospel of Grace Christian School is to make NO REFUNDS for registration fees, or book fees. I absolve Gospel of Grace Christian School from liability to me or my child because of injury to my child at school or during any school activity. I have read the Gospel of Grace Christian School handbook with my child and we agree to support the rules, faculty, and administration of the school.

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

## Student Questionnaire:

Student's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Why are we asking these questions?

Gospel of Grace Christian School believes in meeting the needs of the whole student. The questions below will help us to get a better understanding of the student in order to best meet his/her needs. This information will help the teachers to prepare a learning environment that suits the needs of the student.

Does student have any physical disabilities or challenges? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does student have any emotional or learning disabilities? \_\_\_\_\_

Are there any struggles you would like us to help him/her with? \_\_\_\_\_

Has he/she ever attended a pre-school or day care in the past? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Has he/she ever been expelled from a previous day care or preschool program? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Describe him/her in one sentence \_\_\_\_\_

Do you feel this student is immature or mature for his/her age? \_\_\_\_\_

Is this student fully potty trained? \_\_\_\_\_

Can he/she use the bathroom without help? \_\_\_\_\_

Does he/she have frequent accidents at any specific time? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Does he/she wear pull-ups? \_\_\_\_\_

Does he/she take naps during the day? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Is he/she right or left handed? \_\_\_\_\_

Can he/she count to 10? \_\_\_\_\_ If no, how far can he/she count? \_\_\_\_\_

Can he/she recognize any letters or numbers? \_\_\_\_\_ If yes, which ones: \_\_\_\_\_

What does he/she like to play with most? \_\_\_\_\_

**Student Questionnaire Continued:**

Student's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Is your child an only child? \_\_\_\_\_

Are there any custody agreements, family separation, or family issues that we need to be aware of (**Gospel of Grace Christian School must have a copy of any court issued custody agreements**)? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does he/she live in 2 separate homes? \_\_\_\_\_

Who lives in the same household as him/her? \_\_\_\_\_

Does he/she have a hard time getting comfortable around new people? \_\_\_\_\_

Is there anything else we should know about him/her? \_\_\_\_\_

The above information I provided is true and correct to the best of my knowledge.

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_