

Gospel of Grace Christian School Student Application

PreSchool thru 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 <u>all information</u> (such as address, phone numbers, and work information) for step-mother, step-father, or legal guardian on back.

Mother's Full Name: _					
(If different from child) Address:	Last		First		M.I.
	Street		City	State	Zip
Employer:		Position:		Work Phone:	
Email Address:		Marit	al Status:	(Have you remarried	!?)
Cellular Phone:		Does mother have legal custody?			
Father's Full Name:	Last		First		M.I.
(If different from child) Address:			TilSt		WI.I.
	Street		City	State	Zip
Employer:		Position:		Work Phone:	
Email Address:		M	arital Status:	(Have you remarrie	ed?)
Cellular Phone:		Does	father have leg	al custody?	

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Parent Q	Questions/Agreement	
Questions Below Must Be	e Completed by Parent or Guardian	
1. Why do you want this student to attend Gospel of Grace?		
3. Were you referred by someone? If ye	es, who:	
4. Is the father a born-again Christian?		
Please explain how you became a born again Chris	tian:	
	Phone #:	
Please explain how you became a born again Chris		
	Phone #:	
lack of space. In making application for enrollment, you a 2025-2026 at Gospel of Grace Christian School. If you ren left in the classroom. Since we operate at the very lowest of a gap in our income. Therefore, if you remove your child be a gap in our income.	efore, if your child is accepted, someone else might be rejected due to re stating that you desire for your child to complete the school year move your child before the end of the school year, an empty spot is cost possible to make Christian education affordable, we are left with before the school year has ended, you must pay half of the ords will be released if this obligation is not met, and your balance	
Tuition will charge a \$40 late fee. If the balance still is	each month. If there is any balance due after the due date, Smart not paid 5 days after the due date, your child's attendance will be il the balance is <u>paid in full</u> .	
Christian School is to make NO REFUNDS for reg Christian School from liability to me or my child be activity. I have read the Gospel of Grace Christian S rules, faculty, and administration of the school. Date: Student's Name	ardian of, desire to have my el of Grace. I understand that the policy of Gospel of Grace istration fees, or book fees. I absolve Gospel of Grace ecause of injury to my child at school or during any school School handbook with my child and we agree to support the me:	
	Print Name:	
Father's Signature:	Print Name:	

Student Questionnaire:

Student's Full Name:	Date:
Why are we asking these Gospel of Grace Christian School believes in meetin questions below will help us to get a better understand his/her needs. This information will help the teachers suits the needs of the s	In the needs of the whole student. The ling of the student in order to best meet to prepare a learning environment that
Does student have any physical disabilities or challenges? If ye	es, 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?	
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?	
Does he/she wear pull-ups?	
Does he/she take naps during the day? If yes, how l	
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, where the second sec	

Student Questionnaire Continued:

Student's Full Name:	Date:
Is your child an only child?	
Are there any custody agreements, family separation, or family issues School must have a copy of any court issued custody agreements)?	
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 Nam	e:

Date: _____