



Gospel of Grace Christian School Student Re-Registration

Pre-Kindergarten - Grade 8

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

Student Information

Date: _____ Grade Entering _____ Date of Birth: ____/____/____

Full Name: _____
Last First M.I.

Address: _____
Street City State Zip

Home Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Race _____ Sex: _____

Church Regularly Attended by 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, legal guardian or fiances on back.

Mother's Full Name: _____
Last First M.I.

(If different from child's)

Address: _____
Street City State Zip

Employer: _____ Position: _____ Work Phone: _____

Email Address: _____ Marital Status: _____ (Have you remarried? _____)

Cellular Phone: _____ Does mother have legal custody? _____

(For custody issues, include a copy of the court order)

Father's Full Name: _____
Last First M.I.

(If different from child's)

Address: _____
Street City State Zip

Employer: _____ Position: _____ Work Phone: _____

Email Address: _____ Marital Status: _____ (Have you remarried? _____)

Cellular Phone: _____ Does father have legal custody? _____

(For custody issues, include a copy of the court order)

Parent Questions/Agreement

All questions below must be answered by parents or legal guardian

1. Is the **father** a born-again Christian? _____

Church attended regularly by the **father**: _____ Phone #: _____

Father's Signature: _____ Print Name: _____

2. Is the **mother** a born-again Christian? _____

Church attended regularly by the **mother**: _____ Phone #: _____

Mother's Signature: _____ Print Name: _____

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 2026-2027 school year 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 2026-2027 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, tuition, 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: _____