

Grace Christian Academy

7230 Quivira Road

Shawnee, Kansas 66216

913-268-6363 Fax: 268-6307

APPLICATION FOR ENROLLMENT

Date _____ School year _____ Grade level _____

Name of Student _____ Sex _____ Date of Birth _____

Home Address _____

Home Phone _____ email address _____

Father's Name _____ Employment _____

Position _____ Business Phone _____

Cell Phone _____

Mother's Name _____ Employment _____

Business Phone _____ Position _____

Cell Phone _____

School applicant is attending or last school name _____

District _____ City _____ State _____

Other children in family:

Name: _____ Age/Grade: _____ School: _____

Name: _____ Age/Grade: _____ School: _____

Name: _____ Age/Grade: _____ School: _____

1. How did you hear about Grace Christian Academy? _____

2. Why do you want your child to attend Grace Christian Academy? _____

3. Is either parent opposed to your child enrolling at Grace Christian Academy? _____

4. Briefly describe your child. (Personality, characteristics, strengths, weaknesses, etc.) _____

6. Has applicant ever been referred for testing or placed in a special program? _____ Explain _____

7. Has applicant ever repeated a grade or received special help or tutoring? _____ Explain _____

8. Has applicant ever been suspended? _____ Explain _____

FINANCIAL INFORMATION (Please refer to fee schedule for payment due dates)

Choice of tuition billing plan: _____ 10 month _____ 12 month _____ per semester _____ annually

Party responsible for paying tuition and other charges, if other than student's parents:

Name: _____ Relationship to parents: _____

Home Address: _____
street city state zip code

Home Telephone: (____) _____ Work Telephone: (____) _____

SCHOOL INFORMATION

Please list and detail your child's previous pre-school and/or school experience:

School	Location	Grades/Years Attended	Comments

HEALTH INFORMATION

Applicant's physician: _____ Telephone: (____) _____

Is there any medical reason applicant cannot participate in the physical program here? If yes, please explain: _____

If you have further information, which may assist in the education of your child at Grace Christian Academy, such as pertinent medical or other data of which the school should be aware, please indicate below. _____

Proof of immunization must be provided prior to enrollment at Grace Christian Academy. As required by law, a recent physical must also be provided if this is the first year for enrollment in a Kansas school.

STATEMENT OF CHRISTIAN EDUCATION

Please describe what you believe Christian schooling should be, and how you envision Grace Christian Academy assisting you in providing Christian schooling for your child.

