

GRACE CHRISTIAN ACADEMY APPLICATION

Student's Full Name	Sex	Date of Birth	Grade Level
1			
2			
3			
4			

*Applications are made to the governing authority of Grace Christian Academy which reserves the right to accept or reject any application. The application is complete when the \$25 application fee, the family and student questionnaires, and the front of this form are completed and submitted. Please send completed forms with \$25 application fee to GCA, PO Box 853, Pulaski, WI 54162. Please make checks payable to GCA. Thank you!

PARENT/GUARDIAN CONTACT INFORMATION

Student's Address: _____ City: _____ State: _____ Zip: _____

Father's name: _____ Best time to contact: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____

Address if different from student: _____

Father's employer: _____ Email: _____

Father's spouse (if remarried): _____

Mother's name: _____ Best time to contact: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____

Address if different from student: _____

Mother's employer: _____ Email: _____

Mother's spouse (if remarried): _____

Legal Custody: _____

Responsible party for payment of tuition and fees: _____

School district child resides in: _____ Distance from your home to GCA: _____

NOTE: If child's parents are no longer married, attach copies of the legal custody & physical placement agreements.

In the event of an emergency and you cannot be reached, please list two emergency contacts below:

1. Name: _____ Phone: _____ Relationship to student: _____

2. Name: _____ Phone: _____ Relationship to student: _____

***Grace Christian Academy admits students of any race, color, or national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available by the school.**



ENROLLMENT CONTRACT



If my child(ren) is/are accepted by Grace Christian Academy, I agree to pay the required tuition per the terms of this contract. The school's schedule of charges provides information about financial terms and obligations. Students are enrolled for the entire year and the parent or guardian is responsible for the annual tuition payment upon accepting enrollment. A non-refundable enrollment deposit must be paid upon the completion of this side of the contract and acceptance for enrollment in order to hold your child's place in his/her class. NOTE: When the student does not live with both parents, payment is required from one source and must be signed by that parent or guardian who is responsible.

PAYMENT OPTIONS: CHECK ONE, PLEASE.

INITIALS _____

_____ **1 PAYMENT IN FULL DUE 7/1/17**
_____ **2 PAYMENTS: 7/1/17 & 12/1/17**

_____ **4 PAYMENTS: 7/1/17, 10/1/17, 12/1/17, 3/1/18**
_____ **10 PAYMENTS: DUE 1ST OF MONTH (7/1/17 TO 4/1/18)**

The following policy will apply to tuition and fee payments. Payments not received by the 5th of the month will be charged a \$25 late payment fee. Payments and/or their late fees not received by the 30th of the month due will be considered delinquent. Two delinquent payments in a school year or a single delinquent payment or late fee that is 60 days past its due date will result in dismissal from the school. Grades and school records will be withheld on all late and delinquent accounts until all financial obligations are met. _____

I further expressly agree that Grace Christian Academy reserves the right to dismiss (expel) the student at any time for academic or disciplinary reasons, for lack of parental compliance of the rules, policies and regulations, or for nonpayment of tuition or fees. I also expressly agree that Grace Christian Academy shall have the right to dismiss the student at any time if the school, in its sole discretion, determines that the dismissal of the student by the school is in the best interest of the student or the school. I also understand that neither the dismissal by the school, nor absence or withdrawal by the parent of the student, shall diminish my obligation to pay all tuition and fees due the school as set forth above. _____

Applicants agree that their students will receive instruction in accordance with GCA's Statement of Faith and understand that the school will endeavor to be guided by a Christian worldview in all of its programs and activities. _____

My signature herein below evidences my agreement to abide by and be bound by the policies of Grace Christian Academy as stated in the Grace Christian Academy Parent-Student Handbook, which is hereby incorporated by reference in its entirety. _____

This instrument shall be interpreted in accordance with the laws of the State of Wisconsin. In the event I should have any disagreement with the school concerning this contract or any other matter, I agree to seek resolution of any such disagreement through arbitration (in accordance with rules of the American Arbitration Association) and not through judicial proceedings. _____

CHILD'S NAME *For office use only	TUITION PER CHILD *For office use only	OFFICE USE ONLY
		\$25 Fee: _____
		Total Enrollment Deposit Paid/Unpaid
		*\$250 Enrollment Deposit/ student (# of students _____)
TOTAL FAMILY TUITION>>>>		

CONTRACTING SIGNATURE:

I certify that this application is correct. I understand my financial commitment and the dates payments are due, and I agree to faithfully meet my obligation to the school. I have carefully read the Grace Christian Academy Statement of Faith and understand that it constitutes the doctrinal beliefs of the school and its staff. I understand that the principals of the Statement of Faith will be purposefully and clearly taught to my child(ren). I have carefully read the educational philosophy, the Parent-Student Handbook, and insofar as it applies to parents, guardians, and students, I will adhere to it, support it, and expect my child(ren) to adhere to it.

Signed Financially Responsible Parent(s)/Guardian(s): _____ Date: _____

FAMILY QUESTIONNAIRE

Please partner together with us in advancing your child's education, by answering a few questions.

Parent/Guardian Name(s) _____

1. Why would you like your children to attend GCA?
2. What important factors did you consider when choosing GCA?
3. What are you expecting your child to receive from attending GCA?
4. In what ways do you hope to see the Bible incorporated into your child's education?
5. Do you follow/agree with all points of GCA's Statement of Faith (As stated in our handbook)? Do you have any conflicting beliefs?
6. Do you have any overall concerns pertaining to GCA, such as your child's educational growth, curriculum, etc.?
7. As parents, how has God called you to be involved with GCA and your child's education? In other words, what are some ways that we at GCA can expect you to be involved with this ministry through the gifts and talents God has graced you with?
8. Do you have any questions for GCA?
9. How did you hear about GCA?

STUDENT QUESTIONNAIRE

CHILD'S NAME: _____

(Fill out one questionnaire per student. Feel free to get your child's input.)

1. How does your child learn the best? Please rank your child's learning styles to the best of your knowledge with 1 being the best, 2 second best, 3...etc.

_____ Listening (i.e. hearing, being read to)

_____ Watching (i.e. seeing something done, through multimedia)

_____ Doing (i.e. trying something out hands-on for themselves)

_____ Asking questions

_____ Other _____

2. What are your child's greatest strengths? What are your child's greatest challenges?

3. Rank your goals for your child's personal growth. One (1) being the most important.

_____ Academic

_____ Spiritual

_____ Social/Emotional

_____ Other _____

4. What do you want to tell us about your child?

5. Are you aware of, concerned about, or has your child been evaluated for any of the following?

Please describe.

- Learning disabilities?
- Medical history?
- Behavioral/emotional/social issues?
- Allergies/diet?
- Other?

6. What are your expectations for your child?

Thank you for taking the time to help us get to know your family and your child better!