



PRIMARY APPLICATION FORM

(Please print or type)

***PLEASE FILL IN EVERY BLANK, IF IT DOESN'T APPLY WRITE N/A**

STUDENT INFORMATION

Name _____ Age _____
(Last) (First) (Middle)

Address _____ Telephone _____
(Street Address)

_____ Birth date _____
(City, State, Zip)

Present Grade Level _____

School Previously Attended _____

School Address _____

FAMILY INFORMATION

Father's Full Name _____

Address _____ Telephone _____

Occupation/Profession _____

Employer _____ Telephone _____

Mother's Full Name _____

Address _____ Telephone _____

Occupation/Profession _____

Employer _____ Telephone _____

Marital Status: ☐ Married ☐ Divorced ☐ Widow (er) ☐ Separated ☐ Single

Number of Children in Family of School Age: _____

Your reasons for sending your child to a Christian School: _____

RELIGIOUS INFORMATION

Church attended _____

Address _____ Telephone _____

Father a Christian? YES/NO

Mother a Christian? YES/NO

Pastoral Letter of Recommendation

GREATER AUGUSTA CHRISTIAN ACADEMY

PARENTS' STATEMENT OF SUPPORT

***SIGNATURES REQUIRED FROM PARENTS & STUDENT**

I recognize that Greater Augusta Christian Academy has a highly qualified, trained staff and I have confidence in their ability to perform the educational functions due my child at their discretion.

I realize that from time-to-time children take issue with actions that they do not agree with, and they are prone to criticize statements out of context. This being normal for children, I pledge that should such occur, I will not support the criticism; that I will correct my child, support the school personnel, and call in for full details at any time I have a question concerning an incident.

I further realize that building strong relations with my child's supervisor to aid in the training of my child is as much my responsibility as it is the Academy's, and that I will pray for the staff and program and cooperate with them in discipline, accepting their judgment in all such matters; lay a spiritual foundation through Godly example in the home; support the spiritual training of chapel, revivals, etc.; follow through with any work, assignments or slips to be signed; see that the children reach the Academy on time; send written excuses for absence or tardiness; cooperate in training the children to respect Academy property and pay for irregular abuse of same; attend all parent functions; and assist in publicizing the Academy and its program among friends.

I realize that attending Greater Augusta Christian Academy is a privilege and not a right. It is my intention to abide by the decisions of the administration and to support the discipline of the administration.

DATE: _____

Parent's Signature: _____

Parent's Signature: _____

Date: _____

Student's Signature: _____

PARENT AWARENESS

*SIGNATURES REQUIRED

I am aware that the rules and policies of the Academy are to be found in the Academy Handbook. I have read and agree with the rules in the Handbook. Some of the pertinent areas in the Academy Handbook of which I am aware are the following:

PASTOR'S LETTER: GACA requires parents to present a letter of recommendation from their pastor along with their application. All applications must be approved by the school board. We desire to retain a reputable Christian School. We expect students to commit themselves to the code of conduct of GACA at all times.

UNIFORMS: Students are required to wear uniforms. Students are also required to purchase a tee shirt which has the school name and logo for P.E. class. This will be ordered through the school.

CHAPEL: Chapel service is on Wednesday. Students participate in activities such as Bible drills, singing, special speakers, and Bible study. Lower grades have a separate chapel service geared for their age group and comprehension level.

FRIDAY DISMISSAL: The Academy will not be in session on Friday in order to provide the staff and administration sufficient time for staff meetings, inventory, and other needs pertinent to the well-being of the Academy. There is an extended 45 minutes Monday through Thursday (school hours 7:45a.m. - 3:30 p.m.) in order to compensate for Friday class dismissal.

TRANSPORATION: The academy does not have a busing service available to students. Parents should provide transportation for students. Car pooling among participating parents has been successful in the past.

LUNCH PROGRAM: The academy does not furnish a hot lunch program. Students must bring their own lunches. LUNCH BOXES ARE TO BE PLAIN - NO PICTURES OR CHARACTERS, SLOGAN, ETC. Students' name should be clearly marked on all lunch boxes or paper bags.

EYE EXAMINATION: We recommend that new students have a recent eye examination prior to enrollment. If the student already wears glasses, please see that their prescription is up to date.

Parent Signature: _____

Parent Signature: _____

Principal's Signature: _____

Date: _____

MEDICAL HISTORY

***PLEASE FILL IN EVERY BLANK, IF IT DOESN'T APPLY WRITE N/A**

IT IS MANDATORY that pupils who show symptoms of communicable disease be excluded from classes until readmission is acceptable to School authorities. Your cooperation will be greatly appreciated. Thank you!

Pupil's Name: _____ Birth date _____ Sex: _____
Father's Occupation: _____ Mother's Occupation: _____
Father's Health: _____ If dead, cause _____
Mother's Health: _____ If dead, cause _____

PAST DISEASES (IF YOUR CHILD HAS HAD ANY OF THE FOLLOWING, STATE AGE WHEN HE HAD THEM.)

Mumps _____	Diphtheria _____	Polio _____
Measles _____	Scarlet Fever _____	Convulsions _____
Whooping Cough _____	Rheumatic Fever _____	Heart Disease _____
Asthma _____	Chicken Pox _____	Diabetes _____
Hay Fever _____	Pneumonia _____	Discharging Ears _____

RECENT DISABILITIES: (PLEASE CHECK ANY ONE OF THE FOLLOWING NOTED RECENTLY.)

4 or more colds yearly _____	Fainting spells _____	Hearing difficulty _____
Frequent sore throat _____	Abdominal pains _____	Tires easily _____
Poor vision _____	Frequent urination _____	Breath shortness _____
Frequent leg pains _____	Allergy _____	Hernia (rupture) _____
Dizziness _____	Persistent cough _____	Ringworm _____
Frequent sties _____	Speech difficulty _____	Nose bleeding _____
Dental defects _____	Crippling conditions _____	Growing pains _____

PERSONAL RECORD: (PLEASE ANSWER ALL OF THE FOLLOWING.)

Is he/she shy? _____	Play well with others? _____	Eat breakfast? _____
Suck thumb? _____	Bite fingernails? _____	Like school? _____
Accident prone? _____	Frequent falls? _____	Potty trained? _____
Have temper tantrums? _____	Overactive? _____	Have excessive fears? _____
ADD/ADHD? _____	Autism/Aspergers? _____	Other Learning Disorders? _____
Need assistance in the restroom? _____		
When is his/her regular bedtime? _____		
When is his/her rising time? _____		
Please list any medications your child takes regularly: _____		

IMMUNIZATION RECORD: (PLEASE GIVE THE DATE OF EACH.) *

Immunization Form 3231 or a notarized DPH Form 2208 must be turned in at time of enrollment.

DATE: _____ SIGNATURE OF PARENT: _____

REMINDER: No pupil will be excused from P.E. without a written permit from a physician.

EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the Academy authority, when parents or guardians cannot be reached.

***Note: Either Part I OR Part II must be completed.**

PART I - TO GRANT CONSENT

In the event reasonable attempts to contact me at telephone # _____ or to contact _____ at telephone # _____

unsuccessfully, I hereby give my consent for:

- 1) The administration of any treatment deemed necessary by
Dr. _____ (preferred physician)
Dr. _____ (preferred dentist)
or in the event the designated practitioner is not available, by another licensed physician or dentist; and
- 2) The transfer of the child to _____
(preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician or dentist should be alerted: _____

DATE

Signature of Parent or Guardian

Address

PART II - TO DENY CONSENT Complete only if Part I Consent Not Given

In the event of an emergency, I do not give my consent for my child to be treated under any conditions without my being present. In the event I cannot be contacted at

telephone # _____ or # _____

(other guardian), I hereby absolve Greater Augusta Christian Academy of any and all responsibility for my child's well being.

Date

Signature of Parent or Guardian

STUDENT STANDARD OF CONDUCT FORM

6th – 12th GRADE ONLY

Student's Name:

(Last) (First) (Middle) Age: _____

Address: _____ Grade: _____
(Street) (City) (State) (Zip)

Parent's Names: _____ Telephone # _____

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The student's attitudes, conversation, and behavior reflect the character of the institution from which he derives his training, both home and church. This form reflects the church-school's attempt to secure students who would best adjust to the rigor of a highly disciplined training program which must set high standards. These standards will result in a characted student to lead in reformation for our nation and the world.

Do you attend church regularly? _____ Where? _____

Are you a Christian? _____

Do you accept the Bible as God's Word and submit yourself to its principles as a final authority? _____

Do you sincerely pledge allegiance to the Christian and national flags? _____

Have you ever smoked or vaped? _____ If yes, do you smoke or vape presently? _____

Have you ever used narcotics (dope, pills, marijuana, etc.) of any kind in the past? _____

If yes, how recently?

Have you ever thought about or attempted suicide? _____ If yes, how recently? _____

Have you been or are you currently in therapy? _____ If yes, when was your last session? _____

Have you ever been arrested? _____ If yes, when? _____

If yes, why were you arrested? _____

Have you ever made violent threats? _____ If yes, when? _____

If yes, what was the threat and who was it against? _____

Have you ever run away from home? _____ If yes, how long ago? _____

Will you promise not to draw, wear, or display in any way anti-Christian symbols? _____

Do you listen to secular rock, country, heavy metal, rap, or any other music which promotes violation of Christian principles? _____ If yes, will you agree to refrain from music which promotes violation of Christian principles while enrolled in Christian school? _____

BOYS: Will you in good spirit keep your hair trimmed neatly according to the church-school code? _____

GIRLS: Will you agree to refrain from wearing tinted make-up of any kind at school or school functions? _____

Will you honestly agree to keep all the church-school rules and respect authority without being critical and finding fault? (read rules) _____

Do you WANT to attend this church-school? _____ Why?

General Policy:

Students are expected to abide by these standards of conduct throughout their enrollment. Students found to be out of harmony with church-school ideals of work and life may be invited to withdraw whenever the administration determines that it is necessary.

As a student of the church-school, I pledge to uphold this church-school's standards against cheating, swearing, smoking, gambling, drinking alcoholic beverages, using or talking favorably about narcotics, or using indecent language and will act in a very orderly and respectful manner. I will strive to be of unquestionable character in dress, conduct, and other areas of life. I will adhere to the academy's policy of sexual abstinence.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in this Christian education program while I am a student attending the church-school and will not give the impression to student's parents, or faculty that I am not in harmony with the goals, aims, and standards of the church-school.

Date: _____

Student's Signature _____

Principal's Signature _____

STUDENT RECORD RELEASE

SIGNATURE IS ALL THAT IS REQUIRED

Date: _____

TO RELEASING SCHOOL COUNSELOR:

SCHOOL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Dear Counselor:

My children have been withdrawn from your school. Please release their academic, health, and behavioral records to the following church-school. Thank you.

ACCEPTING CHURCH-SCHOOL

Name of Church-School

Address

City, State, Zip

Students' Names (Last name first)	Age	Grade level at time of withdrawal

Signature of Requesting Parent

Signature of Principal

For Discounts (if applicable)

Are you or your spouse active military? _____

(Please provide documentation)

Did someone refer you to our school? _____

Who? _____