

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

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