

Dear Parent or Guardian,

Thank you for your interest in Grace Christian Academy for your child. Enclosed you will find the instructions for enrollment, school calendar, and tuition information for the 2016-2017 school year. Please do not hesitate to contact us with any questions you may have and we will be happy to assist you.

In His service,

Sarah R. Cooke

Director of Operations

Manahath Educational Center

Home of Grace Christian Academy

Student Enrollment Instructions 2015-2016

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| Step 1: Family Interview with a school department head- student(s) should be present.  Step 2: Read the Student/Parent Handbook ☐ Yes ☐ No I have read and agree to support and abide by the policies of the school as stated therein.  Step 3: Contact the school financial advisor, Sharon Cooke (manahath@naxs.net) to discuss your family’s tuition plan and the potential for financial aid if needed.  Step 4: Return this form, supporting documents, and registration fee ($50 before June 1 and $75 thereafter) to the school office.  Step 5: Academic Assessments (if needed) in reading, math, and writing for grades 1-12 placement.  Step 6: Enrollment: Acceptance Letter/Parent-School Grace will be mailed to family. |

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| Grace Christian Academy Student Enrollment Form  Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applying for entry in the \_\_\_\_\_\_\_Grade for the \_\_\_\_\_\_\_\_\_\_\_\_school year.  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell/Work Ph\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Work Ph\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother’s Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Alternate Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Church Attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (If the child’s parents are no longer married, please list the name and contact information of the non-custodial parent on a separate sheet of paper and indicate if he/she is allowed to receive information about the child’s progress. Also include information about living arrangements for the child and who will have responsibility for tuition payments)  Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Primary Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is your child currently under a physician’s care or receiving medication for any reason?  ☐ Yes ☐ No If yes please explain: |

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| Please describe any physical/emotional/behavioral disabilities and any serious diseases, injuries or hospitalizations:  Statement of Faith ☐ Yes ☐ No I agree to have my student taught in accordance with the Statement of Faith from the student/parent handbook. Comments:  For students in Grades 6-12  I have read the current Student/parent handbook and affirm my commitment to honor the Student Code of Citizenship:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Signature Date  ACADEMIC RECORD: (These must be provided prior to the admissions interview.)  ☐ My child has been suspended or expelled by a previous school, explained as follows:  ☐ My child has repeated \_\_\_\_Grade for the following reason:  ☐ I have provided academic records for an entire previous year, including the most recent grading term for review.  ☐ I give permission for the release to Grace Christian Academy in Max Meadows VA of all records pertaining to my child from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County/state.  My signature evidences that the information in this document is correct to the best of my understanding and that I affirm each statement/permission for the duration of the school year for which this registration applies.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Father’s Signature Date Mother’s Signature Date |