



# GRACE

Preparatory Academy

## Developing academically excellent character witnesses for Christ

Please mail completed applications and \$50 application fee to Grace Preparatory Academy, PO Box 35271, Brighton, MA 02135 by February 15, 2021. Applications received after the due date will be considered on a case by case basis based on availability of seats. Make checks payable to Grace Co-op.

### PARENT/GUARDIAN INFORMATION:

**Parent/Guardian 1** First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Do you regularly attend a place of worship? Yes/No

If yes, where? Name: \_\_\_\_\_ Location: \_\_\_\_\_

**Parent/Guardian 2** First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Do you regularly attend a place of worship? Yes No

If yes, where? Name: \_\_\_\_\_ Location: \_\_\_\_\_

### STUDENT INFORMATION:

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Student resides with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Other (if other, please explain) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Did a current GPA Family refer you to Grace Prep? YES / NO Family: \_\_\_\_\_

*Families have an opportunity to receive \$200 off of tuition when they refer a family and that family registers at Grace Prep. Help us reward the family that referred you!*

**QUESTIONNAIRE:** Help us get to know the student applying to Grace Preparatory Academy.

What three words would you use to describe the student?


What are their greatest character traits? What areas are a struggle for them?


Why are you interested in Grace Preparatory Academy?


Has your child received any support services or specialized testing either in or outside of school (such as cognitive, behavioral, neuropsychological testing and/or services)?    Yes    No

If yes, please list the services and/or testing received which may help us better understand your child as a learner.


Has your child ever been on an IEP (Independent Education Plan)?    Yes    No

If yes, what is the date of the most recent IEP? (Please attach a copy of the most recent IEP to this application)

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Is there anything else you would like to share with us? (use back of this form if you need more space)


Grace Preparatory Academy admits students of any gender, race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. Grace Preparatory Academy does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of its educational policies and admission.

*Administrative Use:*

Date Rec'd: \_\_\_\_\_ Application Fee: \_\_\_\_\_ Reg. Fee/Deposit: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

Notified: \_\_\_\_\_ Admission Status: \_\_\_\_\_ Interview: \_\_\_\_\_