



Grace Christian Academy

Application for Enrollment 2017-2018

Applicant's Full Name _____ Preferred Name _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

Birth Date _____ Sex: M F Grade Entering in 2017/18 _____

Name of current school _____

FATHER/MALE GUARDIAN

MOTHER/FEMALE GUARDIAN

Name _____

Name _____

Employer _____

Employer _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

E-Mail _____

E-Mail _____

Address (if other than applicant)

Address (if other than applicant)

Student lives with: Both Parents Mother Only Father Only Other: _____

Name and Address of parent(s) or guardian(s) to whom grade reports and financial statements are to be sent:

Name _____ Relationship to applicant _____

Have you ever applied/been enrolled at GCA in the past? _____ If yes, when _____

Name of the church you are attending (if applicable) _____

Each student will receive a school t-shirt at the beginning of the school year. Please indicate by circling the size needed for your student:

YXS YS YM YL YXL AS AM AL AXL AXXL

Office Use Only

Date Received _____ Payment Amount \$ _____ Check/Cash/CC _____

Returning Student New Student Sibling