

# GRACE CHRISTIAN ACADEMY of CORONA

## **REGISTRATION INFORMATION:** (Please print clearly)

Grade Entering:	Kindergarten Half or Full Time:	School Year:	Start Date:	Referred By:
Student's Last Name		First:	Middle:	Nickname:
Birth Date:	Age:	Circle One: Male Female	Home Phone: Area Code ( )	
Street Address, (family/guardian): Apt		Mailing Address ( <i>if different</i> ) or Foreign Address: Apt		
City:	State:	Zip	City:	State: Zip
Family/Parent email address required for School correspondence:		Student's Cell Phone number:		Student's email address:
<input type="checkbox"/> Don't publish phone # in school directory		<input type="checkbox"/> Don't publish address in school directory		<input type="checkbox"/> Don't publish email in school directory

**STUDENT INFORMATION:** Last school attended: \_\_\_\_\_ Fax: \_\_\_\_\_

School Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Last grade completed: \_\_\_\_\_ Grade(s) skipped: \_\_\_\_\_ Grades(s) repeated: \_\_\_\_\_ Student's country of birth: \_\_\_\_\_

Name(s) and ages of other children in the family: \_\_\_\_\_

What church do you presently attend? \_\_\_\_\_

Describe briefly any unusual circumstances in child's life (such as absence of parent, adoption, foster care): \_\_\_\_\_

Does your child have any special learning needs:  No  Yes If yes, please attach a detailed explanation on separate sheet.

Has student ever been expelled, dismissed, suspended from, or refused admission to another school?  
 No  Yes If yes, please attach a detailed explanation on separate sheet.

Has students faced any discipline or legal issue?  No  Yes If yes, please attach a detailed explanation on separate sheet.

## **STUDENT AUTOMOBILE INFORMATION:**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

License Plate: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Student driver's license will be required to complete a parking pass application at the start of the school year and to display a parking pass in their vehicle window.

<p><b><u>FATHER/STEP-FATHER/GUARDIAN LIVING WITH:</u></b>          Name: _____          Cell Phone: (_____) _____          Work Phone:(_____) _____          Work or Secondary Email Address: _____          Occupation: _____          Employer: _____</p>	<p><b><u>MOTHER/STEP-MOTHER/GUARDIAN LIVING WITH:</u></b>          Name: _____          Cell Phone: (_____) _____          Work Phone:(_____) _____          Work or Secondary Email Address: _____          Occupation: _____          Employer: _____</p>
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**TITLE FOR MAILING (circle):** Mr./Mrs. Mr. Mrs. Miss Ms. Dr./Mrs. Others \_\_\_\_\_

<p><b>Circle One – STUDENT LIVES WITH:</b>          Both parents          Mother only          Father only          Father/Stepmother          Mother/Stepfather</p>	<p>Foster parent(s)          Legal Guardian          Grandparent(s)          Other (specify relationship)</p>	<p><b>Circle Only One:</b>          A – Asian or Pacific Islander          B – Black or African American          H – Hispanic, Chicano or Latino          I – American Indian/Alaska Eskimo          W – White/Caucasian</p>
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**NON-JOINT CUSTODIAL PARENT:** Complete ONLY for a parent not living with the student:

IS THEIR JOINT CUSTODY:  Yes  No

RELEASE STUDENT TO NON/JOINT CUSTODIAL PARENT?  Yes  No (If no, appropriate legal documentation must be provided.)

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACTS AND STUDENT PICK-UP**

Persons to contact in case of emergency: (if parent/guardian cannot be reached) and who are authorized to pick up student:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>CELL</u>	<u>RELATIONSHIP</u>
_____	_____	(____) _____	(____) _____	_____
_____	_____	(____) _____	(____) _____	_____
_____	_____	(____) _____	(____) _____	_____

**Out of state contact**

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Carpool Name:**

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Immediate Family Member(s) NOT AUTHORIZED to pick up child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PARENTAL AGREEMENT**

It is my desire as a parent to work in partnership with the school in the best interest of my child. In so doing, I agree:

1. To have my child taught the Bible and to implement its truths in his/her daily life as best I can.
2. To support GCA standards of conduct and those who are in authority - in the spirit of Christ.
3. To abide by the school's disciplinary policies as outlined in the Parent/Student Handbook.
4. To be responsible to pay for damage to school property.
5. To confer with my child's teacher or the administration to resolve problems or conflicts in a Christ-like manner.
6. To pledge my cooperation in:
  - a. Making regular and prompt payment of tuition and fees.
  - b. Providing practical assistance when asked.
  - c. Being supportive of school functions which involve parents and students.
7. I understand the following GCA financial policies:
  - a. Tuition is due on the first of each month.
  - b. If the tuition payment is received after the 10<sup>th</sup> of the month there will be a \$25.00 late fee for each child enrolled in the school.
  - c. If the monthly tuition payment becomes more than 30 days delinquent, the student will become financially withdrawn from school until the entire delinquent account is brought current.
  - d. The final tuition payment must be paid by the 10<sup>th</sup> day of May. Students will not be permitted to finish the school year until the account is brought current.
  - e. Registration Fee is not refundable.
  - f. Withdrawal Policy. Any refunds owed to students who withdraw early will be calculated on a pro-rated basis.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date