



# GREAT GRACE CHRISTIAN ACADEMY

## 2008 – 2009 ADMISSIONS FORM

**PLEASE PRINT AND COMPLETE ENTIRE FORM**

Does your family regularly attend Greater Grace World Outreach Church Services?  Yes  No

If not, please tell us where your family attends church: \_\_\_\_\_

### STUDENT INFORMATION

Applying for grade (√one)  K4  K5  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Name \_\_\_\_\_ SS# \_\_\_\_\_  
*last (suffix, Jr., I, II, etc.) first middle preferred name*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male Place of Birth \_\_\_\_\_  
*City State*

Please provide for statistical purposes only.  Caucasian  African-American  Hispanic  Asian  Other: \_\_\_\_\_

Please indicate any learning disabilities \_\_\_\_\_

Has the applicant ever been home schooled?  Yes  No If yes, indicate grade/year \_\_\_\_\_

Number of brothers: \_\_\_\_\_ older \_\_\_\_\_ younger Number of sisters: \_\_\_\_\_ older \_\_\_\_\_ younger

### PARENT INFORMATION: Please check only one Parent Guardian

MOTHER/GUARDIAN INFORMATION  Check if child lives with this parent FATHER/GUARDIAN INFORMATION  Check if child lives with this parent

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt.*

*City State Zip*

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

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

Address \_\_\_\_\_  
*Street Apt.*

*City State Zip*

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

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

Check if appropriate:  Father Deceased  Mother Deceased  Parents Divorced  Parents Separated

GGCA requires that the student lives with a legal guardian, whether parent or other.

Does the applicant live with someone other than the parent(s)?  Yes  No

If yes, is the person the legal guardian?  Yes  No. Please state name and relationship and provide a copy of the court document proving guardianship. \_\_\_\_\_

### EMERGENCY CONTACTS:

Please list 3 people (other than parent or guardian) who can assume responsibility for your child in the event that we cannot reach you. Keep a record of whom you have listed so that you can refer to it in an emergency. Also provide an out-of-state contact in the event of a statewide emergency.

1. \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Out of State Relative: \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I hereby give permission for any of the above individuals to pick up my children if they are ill and I cannot be reached OR if there is an emergency situation wherein a child would need to be evacuated from the GGCA premises.**

Parent Signature (REQUIRED)

Date