

Pre-Interview for Admission

Greater Grace Christian Academy

Founded in 1987

A Ministry of
Greater Grace World Outreach

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Greater Grace Christian Academy welcomes applications from students who desire a Christ-centered education and academic excellence. We do not discriminate on the basis of race or national origin in administration of our educational or financial policies and programs.

GGCA Pre-Interview Form

Candidates for admission are asked to answer all questions as completely as possible. In addition, please submit a copy of the last two years of report cards and results from recent standardized testing. Also, please include a copy of any transcript and/or psychological testing, if applicable.

APPLICANT INFORMATION

Parent/Guardian's Name: _____

Relationship to Student Applicant: _____

Current Address: _____

Home Phone: (____) _____ - _____ Email Address: _____

Name Child Uses: _____ Age: _____ Birth Date: _____

Sex: _____ Applying for Grade _____ for the 20____ - 20____ school year.

Current School: _____ Current Grade: _____

School Address: _____

School Phone: (____) _____ - _____ School Fax: (____) _____ - _____

Principal's Name: _____

What is your reason for leaving the current school? _____

Has the student ever been suspended, expelled, or asked to withdraw from school? (If yes, please explain.) _____

Has the student ever repeated a grade? (If yes, which one?) _____

Does the student have any physical limitations or disabilities? _____

If yes, please explain: _____

Is the student under any type of medical supervision? _____

If yes, please explain: _____

Has the student seen a physician or other professional for problem regarding any of the following? (Check all that apply)

_____ Speech/language development _____ Physical development/coordination

_____ Emotional/behavioral development _____ Suspected/confirmed learning disability

If you checked off any of the above, please explain: _____

PARENT INFORMATION

Church Affiliation:

Church Name: _____ Years: _____

Check all that apply: Student attends church regularly (at least once per week)
 Parents attend church regularly (at least once per week)

Your Church Pastor:

Pastor's Name: _____ Phone: (____) ____ - _____

Church Address: _____

Does at least one of the parents/guardians profess faith in Jesus Christ as Lord and Savior? _____

If you were to die today, do you know you would go to heaven? If so, on what basis do you feel you would be admitted to heaven? _____

According to the Bible, what is a Christian believer and how does one become a believer? _____

How did you hear about Greater Grace Christian Academy? _____

Please give your definition of Christian education. _____

Please give a brief testimony of your child's walk with God. (This is for parents of students applying for grades K – 6 only.) _____

STUDENT INFORMATION (for students applying for grades 7 – 12)

Why do you want to attend Greater Grace Christian Academy? _____

Tell us about yourself (interests, hobbies, sports, activities) _____

Discuss your relationship with Jesus Christ. _____
