



Greater Grace Christian Home School

APPLICATION FORM

STUDENT information

Name _____ Date of Birth ____/____/____
Age ____ Sex ____ Grade Level for the upcoming school year ____
Address _____ City _____ State _____ Zip Code _____
County _____
Home Phone _____ Cell Phone _____ Email _____

Please provide a brief history of the student's academic history and your reason for choosing this home schooling option:

Who will be the primary teacher for this student? _____

PARENT/Legal Guardian information:

Name _____ Spouse's Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____
E-Mail Address _____

Please enclose a check for \$25.00 made payable to Greater Grace Christian Academy and mail, fax or deliver this application to:

Greater Grace Christian Academy
6077 Moravia Park Drive
Baltimore, Maryland 21206
Fax Number: 410-325-8884