



GRAY ROAD CHRISTIAN SCHOOL

Office use only

App. Received _____

Fee Received _____

Check Number _____

Year applying for: **2017- 2018**

Please indicate start date if applying mid-year _____

STUDENT APPLICATION

Applicant's Full Name _____
(Last) (M) (First)

Home Address _____ Male Female
City _____ Child's Age _____
State / Zip _____ Birth Date _____
Phone _____ Entering Grade _____
Primary Email _____

- *Kindergarten Options: Full Day or ½ Day
- *Pre-K4 Options: Full Day or ½ Day MWF
- *Pre-K3 Options: Full Day or ½ Day T & Th
- *Early 3's Pre-K Options: Full Day or ½ Day

Circle One

Applicant is New Student Sibling of a current student
Child lives with Both parents Mother Father Grandparent Other

Parent / Guardian Information (1)
Full Name _____
Relationship _____
Home Address _____
City _____
State / Zip _____
Phone (home) _____
(cell) _____
Email Address _____

Employer _____
Occupation _____
Position / Title _____
Address _____

Parent / Guardian Information (2)
Full Name _____
Relationship _____
Home Address _____
City _____
State / Zip _____
Phone (home) _____
(cell) _____
Email Address _____

Employer _____
Occupation _____
Position / Title _____
Address _____

Financially responsible Both parents Mother Father Grandparent Other:
Name _____
Phone _____ Email address _____

Special Circumstances

- Parents are Married Separated Divorced
- Mother Deceased Mother Remarried Father Deceased
- Father Remarried Never Married Domestic Partnership
- Single

Applicant is adopted Yes No

Applicant lives with (name and relationship) _____

Applicant is in legal custody of Both Parents Mother Father Grandparent Other

Please give names, ages, and grades of children in the home.

Applicant's current school _____

School address _____ Last grade completed (or present grade) _____

_____ Reason for leaving _____

School phone _____

Primary language spoken at home _____

Is your child bilingual? _____ Languages spoken _____

Does your child take daily medicine? Yes No

If yes, what is the name of the medication? _____

Will this medication be taken during the school day? Yes No

**Please read medication policy in handbook.*

Has your child had any professional evaluations or interventions? Yes No

If yes, please state the date of the evaluation / intervention and the name of the professional who provided the evaluation program. (For speech and language, include copies of the evaluation and/or progress update.)

Local church affiliation _____

How did you hear about Gray Road Christian School?

- Relative/Friend/Colleague Website Drive by
- Advertisement in _____

**Gray Road Christian School (a ministry of Gray Road Baptist Church)
admits students of any race, color, and national or ethnic origin.**