



GRAY ROAD CHRISTIAN SCHOOL

Office use only:
 App. Received _____
 Fee Received _____
 Check # _____

Year applying for **2017-2018**

The re-enrollment fee must accompany the re-enrollment form.

\$50.00 per child until February 28th

\$100.00 per child after February 28th

RE-ENROLLMENT FORM

STUDENTS FULL NAME	BIRTHDATE	ENTERING GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CIRCLE
CHOSEN OPTION**

Kindergarten Options
Full Day M-F
Half Day M-F

PK4 Options
Full Day M-F
Half Day MWF (am)
Half Day MWF (pm)

PK3 Options
Full Day M-F
Half Day T/TH (am)

Home Address _____

City/State/Zip _____

Home Phone _____

Primary Email Address _____

Child lives with : Both Parents Mother Father Other

Parent/Guardian Information (1)

Full Name _____
 Relationship _____
 Home Address _____
 City/State/Zip _____
 Primary Phone _____
 Email Address _____
 Employer _____
 Occupation _____
 Position/Title _____
 Address _____

Parent/Guardian Information (2)

Full Name _____
 Relationship _____
 Home Address _____
 City/State/Zip _____
 Primary Phone _____
 Email Address _____
 Employer _____
 Occupation _____
 Position/Title _____
 Address _____

Are you a member of Gray Road Baptist Church? (Check if yes)

Financially responsible: Both Parents Mother Father Other

Name _____

Phone _____

Email Address _____

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