



# GRAY ROAD CHRISTIAN SCHOOL

Office use only:  
 App. Received \_\_\_\_\_  
 Fee Received \_\_\_\_\_  
 Check # \_\_\_\_\_

Year applying for **2018-2019**

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

<b>STUDENT'S FULL NAME</b>	<b>BIRTHDATE</b>	<b>ENTERING GRADE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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.