



2017 Enrollment Application

Student Information

School Year _____ Date of Application _____ Applying for Grade _____

Student's Full Name _____

Student's Preferred Name _____

Age _____ Date of Birth _____ Gender Male Female

Parent's / Guardian's Name _____

If Guardian, Explain _____

Address _____

City _____ State _____ Zip _____ County _____

Home Telephone _____ Cell Phone _____

Marital Status of Parents Married Divorced Separated Remarried Widowed

Student lives with _____ Who has legal custody? _____

Parent Information

Father's Name _____ Mother's Name _____ Step-Parent's _____

Occupation _____ Occupation _____ Occupation _____

Employer _____ Employer _____ Employer _____

Emp Addr _____ Emp Addr _____ Emp Addr _____

Home Phone _____ Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____ Cell Phone _____

Email _____ Email _____ Email _____

Family Church Affiliation: _____

Sibling Information

Name	Age	Gender	Current School	Applying to GAC?
_____				<input type="checkbox"/> Yes <input type="checkbox"/> No
_____				<input type="checkbox"/> Yes <input type="checkbox"/> No
_____				<input type="checkbox"/> Yes <input type="checkbox"/> No
_____				<input type="checkbox"/> Yes <input type="checkbox"/> No

School Information

Current Grade _____ Name of School _____

Address _____ City _____ State _____ Zip _____

In Attendance Since _____

Additional Information

1. What is your reason for applying to GAC?

2. Has your child ever been tested for learning differences? Yes No giftedness? Yes No
If yes to either, please submit appropriate comments on a separate sheet.

3. Has any attention-enhancing medication ever been prescribed to your child? Yes No
If yes, please complete: Name of medication _____ Dosage _____ Frequency _____

4. Has your child ever had experiences with the following:
- | | | | | | |
|------------------------|------------------------------|-----------------------------|------------------|------------------------------|-----------------------------|
| Behavior problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | counseling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repeated a grade | <input type="checkbox"/> Yes | <input type="checkbox"/> No | psychiatric care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Suspension from school | <input type="checkbox"/> Yes | <input type="checkbox"/> No | smoking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Expulsion from school | <input type="checkbox"/> Yes | <input type="checkbox"/> No | alcohol/drugs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes to any of the above, please enclose a detailed explanation on a separate sheet of paper.

5. Does your child have any ongoing health problems? Yes No
 If yes, please identify: _____
6. Does the applicant require any daily medication(s)? Yes No
 Name of medication: _____
7. Would your child be allowed to enroll where he/she is presently attending? Yes No
8. Identify the academic and/or athletic co-curricular activities in which the applicant has interest in participating:

To the best of our knowledge, the information contained in this application is true and accurate. The applicant desires to be a part of Grace Academy Cartersville.

 Signature of Parent/Guardian

 Date

 Signature of Parent/Guardian

 Date

Be sure to include the nonrefundable \$200 Application Fee made payable to Grace Academy Cartersville