

GRANDVIEW CHRISTIAN SCHOOL
APPLICATION FOR ADMISSION 2010-2011

12340 GRANDVIEW ROAD
 GRANDVIEW, MISSOURI 64030

PHONE 816-767-8630

FAX 816-763-5029

WWW.GRANDVIEWCHRISTIANSCHOOL.COM

Date of application / /	Candidate for the ____ grade ____ year	Age	Social Security Number - -
Student's full legal name Nickname	Date of Birth Sex(circle one) / / M F		
Street address	Home phone number		
City, state, zip	<u>Email Addresses</u> Father: Mother:		
Father's name and address	Home phone number () Father's cell phone ()		
Father's employer	Father's work phone ()		
Mother's name and address	Mother's home phone () Mother's cell phone ()		
Mother's Employer	Mother's work phone ()		

<p><i>If the answer to any questions is yes, include a letter of explanation.</i> <i>(circle appropriate answer)</i></p> <p>Has doctor ever prescribed medication for behavioral control? Yes No</p> <p>Has the applicant ever misused or become addicted to drugs? Yes No</p> <p>Has the applicant ever been suspended or expelled? Yes No</p> <p>Has the applicant ever been arrested? Yes No</p> <p>Has applicant ever been tested, or referred for testing, for a learning disability? Yes No</p> <p>Has applicant received any other special help or tutoring? Yes No</p> <p>Has applicant ever failed a grade? Yes No</p> <p>Has your child ever had or been recommended to have counseling? Yes No</p>			
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In order for us to complete the admission process, it is necessary for us to have records of the student's grades, standardized test scores, and any discipline reports.

AUTHORIZATION TO RELEASE STUDENT RECORDS

FROM: _____
School

Street

City, State, Zip Code

Phone Number Fax Number

I authorize the release of the requested records for _____
Student Name

Grade Date of Birth

TO: Grandview Christian School

Please furnish copies of this student's:

- Transcripts and/or report cards including the most recent grading
- Standardized test scores
- Discipline records
- Any other recorded evaluations
- Health and immunization records
- Copy of Birth Certificate
- Copy of Social Security Card

Signature of Parent/Guardian

Date

Send records to: **GRANDVIEW CHRISTIAN SCHOOL**
12340 GRANDVIEW RD
GRANDVIEW, MO 64030

(FAX: 816-763-5029)

GRANDVIEW CHRISTIAN SCHOOL

PARENT/STUDENT AGREEMENT

NOTE: This agreement must be updated yearly.

Please initial each paragraph:

1. We acknowledge the mission of Grandview Christian School. We agree that our child(ren) may participate in the Christ-centered curriculum, including weekly chapel services.
2. We agree to pay an enrollment application and an annual registration fee per child before the child will be accepted into Grandview Christian School (hereafter referred to as GCS).
3. We agree to pay the annual tuition in full at the beginning of the year (by August 1, 2010) with a 5% discount; or to pay through the automatic wire transfer program with ten monthly payments.
4. We understand that tuition for August 2010 is due by August 15, 2010. Tuitions for succeeding months must be paid by the 1st of that month.
5. We understand and agree to enforce the GCS dress code. We also understand that if our student(s) wears inappropriate clothing to school that consequences will be given according to the handbook.
6. We agree that our student(s) may travel by auto, bus or walking to participate in educational or recreational field trips with GCS, and we will be advised at least one (1) week in advance of scheduled field trips. GCS will provide adequate supervision to insure the safety of all students.
7. In the event of an emergency illness or accident, GCS has our permission to administer medication/medical assistance as necessary. If charges are incurred for medical attention, I agree to be responsible for the expenses.
8. In the event my student runs a fever, I agree to pick up my student and keep him/her out of school for a period of not less than 24 hours.
9. We agree to provide GCS with up-to-date health and immunization records as required by Missouri law and school policies, before admittance to GCS.
10. Should school administration determine that our student(s) does not adjust to GCS and/or GCS is unable to provide the special needs my student(s) may require, our enrollment agreement with GCS will be terminated. This includes behavioral and/or learning difficulties that disrupt other students.
11. I understand that if my child is withdrawn and/or un-enrolled for any reason, their records will not be released to anyone until the account is paid in full (per GCS Policy Handbook).

Parent/Guardian Signature

Print Name Date

Parent/Guardian Signature

Print Name Date