



GRAND VIEW CHRISTIAN ACADEMY

NEW STUDENT APPLICATION FOR ADMISSION

Child's Name _____ Grade entering _____ DOB _____ Age _____ Sex _____

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Parent (s) or Guardian (s) Contact Information:

Father's name _____

Mother's name _____

Address _____

Address _____

Father's Occupation _____

Mother's Occupation _____

Business Phone _____

Business Phone _____

Cell Phone _____ Text Y ___ N ___

Cell Phone _____ Text Y ___ N ___

Email _____

Email _____

Marital Status: Married _____ Divorced _____ Separated _____

Does your child(ren) live with both parents? _____ If not, please explain the home conditions in which the child/ren are living.

Tell us about your family:

Have you and your spouse been saved? Mother - Yes ___ No ___ Baptized? Yes ___ No ___

Father - Yes ___ No ___ Baptized? Yes ___ No ___

What church do you attend? _____ How Often? _____

Why have you chosen to enroll your child(ren) in Grand View Christian Academy? _____

Tell us more about your child/ren:

1. What church do your child(ren) currently attend? _____

How often? _____

2. Y___ N___ Have any of your child(ren) been saved? Y / N Baptized? _____

3. Y___ N___ Have you ever applied to Grand View Christian Academy before?

4. Y___ N___ Have any of your child(ren) ever been referred for special education testing?

Please explain _____

5. Y___ N___ Have any of your child(ren) been diagnosed with any learning disabilities?

Explain: _____

6. Y___ N___ Have any of your child(ren) ever been involved with? ___ Drugs ___ Probation ___ Arrest

Please explain _____

7. Y___ N___ Have any of your child(ren) received any detentions, suspensions, or expulsions? If so, please

explain _____

8. Y___ N___ Do any of your child(ren) participate in extracurricular activities? Which ones? _____

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Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____