

GRACE FELLOWSHIP CHRISTIAN SCHOOL
REGISTRATION

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Please ***complete, sign*** and ***notarize*** the following forms (where applicable) *before* returning them to the school.

The following REGISTRATION CHECKLIST is provided for your convenience.

REGISTRATION CHECK LIST

___ **2008 / 2009 REGISTRATION FORM**
(Completed and signed)

___ **ENROLLMENT & TUITION AGREEMENT - *NOTARIZED***

___ **IMMUNIZATION RECORDS**

___ **VERIFICATION OF CHICKEN POX OR IMMUNIZATION**

___ **STUDENT MEDICAL EXAMINATION**

___ **BIRTH CERTIFICATE**

___ **SOCIAL SECURITY CARD**

RECORDS FROM FORMER SCHOOL

REGISTRATION FEE / BOOK FEE / TUITION
(in Payment Envelope)

GRACE FELLOWSHIP CHRISTIAN SCHOOL
2008/2009 REGISTRATION

STUDENT INFORMATION:

Student's Name: _____ Grade entering: _____
(LAST) (FIRST) (MIDDLE)

Student's Social Security #: _____ - _____ - _____ Sex: _____ Race: _____ Age: _____

Date of Birth: _____ - _____ - _____ Place of Birth: _____
(CITY) (STATE) (COUNTRY)

Student's Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Home Phone #: () _____ - _____ OR () _____ - _____

Parent/Guardian email address _____

Parent/Guardian (Male): _____ Relation To Student: _____ Resides with Student? **Y** or **N**
Employer: _____ Daytime Phone #: () _____ - _____ ext. _____
Occupation: _____ Cell # (Emergency only): () _____ - _____

Parent/Guardian (Female): _____ Relation To Student: _____ Resides with Student? **Y** or **N**
Employer: _____ Daytime Phone #: () _____ - _____ ext. _____
Occupation: _____ Cell # (Emergency only): () _____ - _____

EMERGENCY INFORMATION:

In the event that your child is injured or ill at school or at an official school function, do GFCS personnel have your permission to administer first aid? **YES** or **NO** (CIRCLE ONE)

In the event that GFCS's efforts to contact you have failed and your child is seriously ill or seriously injured, do GFCS personnel have your permission to give consent for a doctor to administer treatment

to your child? **YES** or **NO (CIRCLE ONE)**

Family Doctor: _____ Phone #: () _____ - _____

Hospital Preference: _____

NOTE: Emergency treatment may be given by any physician or medical facility if guardian cannot be reached.

Emergency contacts to be used if parents/guardian cannot be contacted:

First Choice: _____ Relation: _____ Phone #: () _____ - _____

Second Choice: _____ Relation: _____ Phone #: () _____ - _____

*I have read all the information. I hereby give permission for all items for which I have indicated **YES**.*

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(IF STUDENT LIVES WITH BOTH PARENTS/GUARDIANS, **BOTH** PARENTS MUST SIGN ABOVE)

MEDICAL INFORMATION:

Does your child have any medical conditions or physical activity limitations? **YES** or **NO (CIRCLE ONE)**

If yes, please describe: _____

Does your child require any daily medication? **YES** or **NO (CIRCLE ONE)**

If yes, what are the medication(s) and dosage(s): _____

For students to have medication at school, a parental authorization for administration of medication form must be filled out and accompany medication. Prescriptions must be in original container with directions.

AFTER SCHOOL INFORMATION:

Who may pick up your child other than parent/guardian living with student?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name two people who will assume care student if you cannot be reached:

Name: _____ Relationship: _____ Daytime Phone #: _____

Name: _____ Relationship: _____ Daytime Phone #: _____

FINANCIAL RESPONSIBILITY INFORMATION:

Who is responsible for paying school finances for student?

Name: _____ Phone #: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP)

LEARNING AND CONDUCT INFORMATION:

Has the student been tested for learning problems? **YES** or **NO** (CIRCLE ONE)

If yes, please explain: _____

Has the student received or is now receiving special help for emotional or learning problems? **YES** or **NO**

If yes, please explain: _____

(LEARNING AND CONDUCT CONTINUED)

Has student ever had serious conduct problems? **YES** or **NO** (CIRCLE ONE)

If yes, please explain: _____

Has student ever been dismissed or denied admittance to another school? **YES** or **NO** (CIRCLE ONE)

If yes, please explain: _____

Explain any situations at student's home that may affect his/her performance or well being at school.

SCHOOL HISTORY:

Name of last school attended:

Mailing address of school:

_____ (Street / P.O. Box) (City) (State) (Zip)

Principal Name: _____ School Phone #: _____

RELIGIOUS PREFERENCE/AFFILIATION:

Name of church: _____

Name of pastor: _____

I have completed all the information required to the best of my knowledge.

Signed: _____ **Date:** _____

VOLUNTEER SIGN UP 2008 – 2009

Name: _____

Phone: _____ (HM) _____ (WK)

I am interested in helping with the following:

____ Driving for field trips – can transport ____ children (including your own)

____ Carpooling to and from school

____ Teacher aid – in classroom or grading papers etc.

Day available: _____

(Day of week) (Hours ____ to ____)

____ Teach art or music 1 or 2 days a week – elementary school

____ Teach art or music or foreign language 1 or 2 days a week – middle/high school

____ Help in classroom occasionally with activity or reading (give teacher short break)

____ Help with Parent-Teacher Fellowship

____ Organize vendors to deliver hot lunch (pizza, tacos etc) – orders taken day before

____ Other: _____

Thank you for anything you can help us with!

SCHOOL DIRECTORY

If you wish to be listed on this private directory for students please fill out the information:

Family Last Name: _____ Phone # () _____ - _____

Address: _____

Father's Name: _____ Mother's Name: _____

Student's Name: _____ Grade _____ Birth Date _____

Student's Name _____ Grade _____ Birth Date _____

Student's Name: _____ Grade _____ Birth Date _____

PLEASE RESPECT THE PRIVACY OF OTHERS – DO NOT USE FOR ANY MAILING LISTS!!!!