

Griffin Christian School (7th-12th grade)

New Student Application Check List

Parents/Guardians Responsibility

- Completed Application
- Registration Fee (\$150 before April 1st/\$250 after April 1st)
- Academic Material Fee (\$350 before June 30th /\$400 after June 30th)
- Transcript Request Form
- Teacher Recommendation (2 Required)
- Copy of Birth Certificate
- Copy of Social Security Card
- Immunization Records (Georgia Form 3231)
- School Enrollment History

Current School Responsibility

- Discipline Records
- Transcript from previous school

GRIFFIN CHRISTIAN SCHOOL
2000 W. MCINTOSH RD
GRIFFIN, GA 30223
770-228-2711
www.griffinchristian.org

2020-2021 FINANCIAL INFORMATION

REGISTRATION FEE: \$150 (until April 1st)

REGISTRATION FEES ARE NON-REFUNDABLE

TUITION PAYMENTS

The first payment is due by August 1, 2020

The last payment is due by May 1, 2021

Tuition payments received after the 5th of each month will incur a minimum \$25.00 late fee or 10% of the total monthly tuition.

To be sure tuition is credited to the proper account, please indicate child(ren)'s name and grade on the face of your check.

ACADEMIC FEE

(yearly one-time fee) may be paid at registration OR by June 30th to receive the discount price.

WE MUST HAVE THE FOLLOWING DOCUMENTS ON FILE TO CONSIDER YOUR CHILD REGISTERED:

- * Enrollment Application
- * Enrollment Fee
- * Birth Certificate
- * **Current** Certificate of Immunization (Georgia Form 3231)
- * **Current** EED Certificate (Georgia Form 3300) (Eye/Ear/Dental)
- * Social Security Card (7th-12th grades)

NEW STUDENTS: *1st – 12th - Birth, Immunization, and EED Certificate will be requested from your current school.

Additional information required for NEW students 1st-12th

Teacher Recommendation Form (completed by current teacher)

Copy of most recent report card/transcript

Copy of most current achievement test scores

Copy of any discipline records (if none- a brief note from the school stating there are none)

K4 – K5

TUITION

Grade Enrolling	ACADEMIC FEE	1 st child	PAY PLAN	PD in full by 1 st day of school	2 nd , 3 rd child	PAY PLAN	PD in full by 1 st day of school
K4 & K5 ½ day	*K4&K5 \$200 After 6/30 \$225	\$3000	10@ \$300	\$2850	\$2850	10 @ \$285	\$2700
K4& K5 all day	*K4&K5 \$200 After 6/30 \$225	\$4400	10 @ \$440	\$4180	\$4180	10 @ \$418	\$3971

1st – 6th

Grades 1 st – 6 th	ACADEMIC FEE	1 st child	PAY PLAN	PD in full by 1 st day of school	2 nd child	PAY PLAN	PD in full by 1 st day of school	3 rd child	PAY PLAN	PD in full by 1 st day of school
	\$325 After 6/30 \$375	\$5250	10@ \$525	\$4987.50	\$5000	10@ \$500	\$4750	\$4750	10@ \$475	\$4512.50

7th – 8th

Grades 7 th & 8 th	ACADEMIC FEE Due by 6/30 \$350 After 6/30 \$400	\$5250	10@ \$525	\$4987.50	\$5000	10@ \$500	\$4750	\$4750	10@ \$475	\$4512.50
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9th-12th

Grades 9 th -12 th	ACADEMIC FEE Due by 6/30 \$350 After 6/30 \$400	\$5750	10@ \$575	\$5462.50	\$5500	10@ \$550	5225	\$5250	10@ \$525	\$4987.50
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Lunch Fees are not included.

WE ACCEPT AMERICAN EXPRESS, VISA, MASTERCARD, AND DISCOVER CREDIT AND DEBIT CARDS

(3% convenience fee applies)

***We cannot consider any child's registration until all accounts are current. Should someone register with**

outstanding fees owed, the date of

registration would be the date the account becomes current.

Grade Entering _____
(7th-12th)

Returning student _____

New student _____

2020-2021 Enrollment Application
GRIFFIN CHRISTIAN SCHOOL
2000 W. McIntosh Rd.
Griffin, GA 30223

OFFICE USE:

Date Rec'd: ___/___/___

Reg. fee: _____

Book Fees: _____

Tuition: _____

Student's Name: _____ / _____
(last) (first) (middle) (name to be called)

Student Cell Number: _____ Date of Birth: ___/___/___ Gender: _____
month date year M or F

Social Security Number (needed for HOPE scholarship): _____

Student Email: _____

Address: _____
street city state zip

Is this a new address? _____ County of Residence _____ Race _____

Mailing Address (if different from above): _____

Student Lives With: (Please check any that apply)

- ___ Father ___ Stepfather ___ Parents are divorced ___ Other (relationship)
- ___ Mother ___ Stepmother ___ Parents are separated _____

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____
(if different from student) (if different from student)

Telephone _____ Telephone _____

Cell/Carrier _____ Cell/Carrier _____

Father's Employer _____ Mother's Employer _____

Telephone _____ Telephone _____

E-mail address _____ E-mail address _____

PERSONS OTHER THAN PARENTS TO NOTIFY IN CASE OF EMERGENCY

Name _____ Phone _____ Relationship _____

Authorized Pick-up List _____

Brother(s)/Sister(s) and Age(s): _____

What Church Do You Attend? _____

Child's Physician: _____ Phone: _____

List Any Medications Child Regularly Takes: _____

List Any Medical/Physical problems that school should be aware of: _____

Has this child ever failed a grade? Yes _____ No _____ If Yes, What Grade(s)? _____

Has this child ever been suspended from a school? Yes _____ No _____

Has this child ever been expelled from a school? Yes _____ No _____

(If Yes to either of the above, attach a written explanation of details.)

—————>
please fill out back of form and sign

If your child did not attend GCS last year, list the name and address of school attended:

Does the student have any special learning needs or diagnosed learning disabilities? No Yes

Does the student have an IEP or 504 Plan? No Yes (If so, please provide a copy to the school).

STATEMENT OF POLICY

Griffin Christian Schools admits students without regard to race, color, creed, sex, national or ethnic origins. The school does not discriminate in the administration of its educational policies, admissions policies, athletics or other school administered programs.

COVENANT

Do you believe in building a strong Christian Character program? _____ Do you fully understand that the school reserves the right to use administrative correction when necessary? _____

" I hereby pledge to pay my financial obligations to the school on the date due and understand that it will be necessary to withdraw my child if financial policies are not followed."

" I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises and absolve the school and/or its employees from liability to me or my child because of any injury to my child at school or away from school during any school activity."

" I agree to uphold and support the high academic standards of the school by providing a place at home for my child to study and by giving my child encouragement in the completion of homework and other assignments."

" I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Trinity and Word of God, disrespect to the personnel of the school. I hereby agree to support all policies and regulations of the school in the applicant's behalf and authorize the school to employ such discipline as it deems wise and expedient for the training of my child. "I have read the student handbook and agree to abide by it."

" I understand the school reserves the right to dismiss any child who fails to comply with the established regulations and disciplines, whose financial obligations remain unpaid, or any student whom the school administration deems necessary."

" I do hereby authorize medical care and will take responsibility for all expenses incurred in the same."

WAIVER OF LIABILITY

The undersigned, who is (are) the parent(s)/guardian(s) of _____, recognize that it is necessary on occasion to discipline students in the course of school training. The undersigned would not want his/her child(ren) to attend Griffin Christian Schools if discipline was not enforced. Accordingly, for good and valuable consideration, the receipt and sufficiency whereof is acknowledged by the undersigned, the undersigned agree(s) to hold First Assembly of God of Griffin, Georgia, Inc., its Official Board, Trustees, Griffin Christian Academy and all teachers, employees, agents, members of the school and/or church harmless should the above referenced child be disciplined in the course of his/her training.

My signature certifies that the information given in this application is correct and true. It further certifies that I agree to and abide by the covenant and the waiver.

Father's Signature: _____ Date: _____
(REQUIRED)

Mother's Signature: _____ Date: _____
(REQUIRED)

Griffin Christian School
2000 West McIntosh Road
Griffin, Georgia 30223
(770) 467-8198 Fax: (770) 467-8041

TRANSCRIPT REQUEST FORM

Name of Applicant: _____ Present Grade: _____

Present
School _____

In accordance with the general regulations regarding the privacy rights of parents and students under the Family Educational Rights and Privacy Act of 1974, the undersigned hereby consent to the release of all educational records of the above named applicant to Griffin Christian School.

Parent
Signature _____ Date _____

To Guidance Counselor: The student named above has applied for admission to Griffin Christian School. Please furnish the following information: **1. A transcript of the student's academic record to date, including grades for courses in progress. 2. A copy of the student's test profile. 3. A copy of the student's birth certificate, immunization record, and any IEP's or other documentation. 4. A copy of the student's discipline and attendance record. 5. Your own personal recommendation (below) which must be sent in a sealed envelope and will remain confidential.**
Thank you, in advance, for your cooperation.

Recommender's Name _____

School _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____

1. How long have you known the student? _____

2. To your knowledge has the student had any history of serious conduct problems? Yes No

3. Has the applicant ever been expelled or suspended? Yes No

If yes to 2 or 3, please explain _____

4. Will the applicant be permitted to re-enroll in your school? Yes No

If no, please explain _____

5. To your knowledge has the student had any history of involvement in drugs or alcohol, juvenile delinquency, the occult or any governmental agencies? Yes No

If yes, please explain _____

Signed _____ Dated _____

Griffin Christian School

2000 W. McIntosh Rd.
 Griffin, GA 30223
 770-467-8198 PHONE • 770-467-8041 FAX
www.griffinchristian.org

**High School Teacher's
 Recommendation for Students
 entering 7th – 12th
 CONFIDENTIAL – PLEASE FAX OR MAIL**

My student is applying for admission to Griffin Christian School. *I would appreciate your completing this form and returning it directly to GCS.* I hereby authorize the release of my child's records and evaluative data.

Students Name: _____ Applying for Grade _____

Current School: _____ Grade _____

Current School Address: _____

Phone # _____ FAX # _____

Parent Signature: _____ Date: _____

To the Applicant's Teacher:

The above student has applied for admission to Griffin Christian School. We would appreciate your evaluation of this student in the areas below. *When completed, we ask that you mail or fax to GCS by using the address or fax information above, where it will be placed in a confidential file.*

We are thankful for your time in completing this form.

Academic Ability	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Lower marginal Ability	<input type="checkbox"/> Poor Academic Risk
Initiative, Drive	<input type="checkbox"/> Outstanding Resourceful	<input type="checkbox"/> Well Above Average	<input type="checkbox"/> Generally Strong Enough	<input type="checkbox"/> Occasionally Weak or Lacking	<input type="checkbox"/> Very Weak
Leadership & Responsibility	<input type="checkbox"/> Outstanding Top Positions	<input type="checkbox"/> Commendable, Top or Next to Top Positions	<input type="checkbox"/> Capable, Minor Positions, Good	<input type="checkbox"/> No Sign of Leadership or Involvement	<input type="checkbox"/> Record of Irresponsibility
Interest in Non-Academic Activities	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Commendable, Top or Next to Top Positions	<input type="checkbox"/> Active	<input type="checkbox"/> Minor Participation	<input type="checkbox"/> No Participation
Parental Support	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Sometimes Unsupportive	<input type="checkbox"/> Often Unsupportive, Critical of School
Peer Relationships	<input type="checkbox"/> Highly Respected, Well liked	<input type="checkbox"/> Respected / Liked	<input type="checkbox"/> Accepted, But Not Sought Out	<input type="checkbox"/> Some Difficulty in Cultivating Relationships	<input type="checkbox"/> Poor/Unhealthy Unskilled Interpersonally
Personal Qualities	<input type="checkbox"/> Superior	<input type="checkbox"/> Great Strength	<input type="checkbox"/> Strengths Outweigh Weaknesses	<input type="checkbox"/> Somewhat Immature for Age	<input type="checkbox"/> Very Immature For Age
Emotional	<input type="checkbox"/> Extremely Well Balanced	<input type="checkbox"/> Well Balanced	<input type="checkbox"/> Usually No Problems	<input type="checkbox"/> Some Problems	<input type="checkbox"/> Many Problems
Summary as a Student	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor

Academic Ability

Reading Skills	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Writing Skills	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Math Computation Skills	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Math Critical Thinking Skills	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Prediction of Applicants success at next grade level	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Would you recommend this student for an honors course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Has outside help been recommended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Study Habits

Ability to work independently	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Ability to work with others	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Pattern of completing work on time	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Attention span	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Organization/ care of materials	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor

Thank you for submitting a recommendation for this applicant for admission to Griffin Christian School. The information you provide is confidential and will be used only in the selection of applicants. It will not be available to the applicant or their parents. We ask that you fax or mail this completed form to GCS by using the information provided on the front of this recommendation form.

Name (PLEASE PRINT) _____
Title

Signature _____
Date

School Address _____

School Phone: _____

