

**Griffin Christian School (7<sup>th</sup>-12<sup>th</sup> grade)**  
**Returning Student Application Check List**

**Parents/Guardians Responsibility**

- Completed Application
- Registration Fee (\$150 before April 1<sup>st</sup>/\$250 after April 1<sup>st</sup>)
- Academic Material Fee (\$350 before June 30<sup>th</sup> /\$400 after June 30<sup>th</sup>)

**GRIFFIN CHRISTIAN SCHOOL**  
**2000 W. MCINTOSH RD**  
**GRIFFIN, GA 30223**  
**770-228-2711**  
[www.griffinchristian.org](http://www.griffinchristian.org)

**2020-2021 FINANCIAL INFORMATION**

**REGISTRATION FEE: \$150 (until April 1<sup>st</sup>)**  
**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 5<sup>th</sup> 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 30<sup>th</sup> 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 (7<sup>th</sup>-12<sup>th</sup> grades)

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

Additional information required for NEW students 1<sup>st</sup>-12<sup>th</sup>  
 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)

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**K4 – K5**

**TUITION**

Grade Enrolling	ACADEMIC FEE	1 <sup>st</sup> child	PAY PLAN	PD in full by 1 <sup>st</sup> day of school	2 <sup>nd</sup> , 3 <sup>rd</sup> child	PAY PLAN	PD in full by 1 <sup>st</sup> 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

**1<sup>st</sup> – 6<sup>th</sup>**

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

**7<sup>th</sup> – 8<sup>th</sup>**

Grades 7 <sup>th</sup> & 8 <sup>th</sup>	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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**9<sup>th</sup>-12<sup>th</sup>**

Grades 9 <sup>th</sup> -12 <sup>th</sup>	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 \_\_\_\_\_  
(7<sup>th</sup>-12<sup>th</sup>)

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)