

Grade Entering _____ (K4-12)

Returning Student _____

New Student _____

Remote Learner _____

Student SS# _____ - _____ - _____

(7th-12th grade for HOPE)

2021-2022 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)

Home Phone Number: _____ Date of Birth: ____/____/____ Gender: _____
month date year M or F

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 _____ Cell _____

Father's Employer _____ Mother's Employer _____

Telephone _____ Telephone _____

E-mail address _____ E-mail address _____

(to be able to access online student information and to receive important notices, updates, messages, etc.)

PERSONS OTHER THAN PARENTS TO NOTIFY IN CASE OF EMERGENCY

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

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

What Church Do You Attend? _____

Child's Physician: _____ Phone: _____

List Any Medications Child Regularly Takes: _____

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

Please state briefly why you wish to enroll your child in GCS _____

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 If so,
has any psycho-educational testing been done? ☐ No ☐ Yes Please explain _____

STATEMENT OF POLICY

Griffin Christian School 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 School 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 School 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)

FINANCIAL POLICY

It is the policy of Griffin First Assembly of God not to enroll a child in one department when a balance is owed by the family to another department. Transcripts, report cards, or other records will NOT be released until account balances are current in all departments.

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

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