

Grade Entering \_\_\_\_\_ (K4-12)

Returning Student \_\_\_\_\_

New Student \_\_\_\_\_

Student SS# \_\_\_\_\_

(7<sup>th</sup>-12<sup>th</sup> grade for HOPE)

2022-2023 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 \_\_\_\_\_  
(REQUIRED)

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)

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

**2022-2023 FINANCIAL INFORMATION**

EARLY REGISTRATION: \$150 (DEADLINE APRIL 1<sup>st</sup>)  
 REGISTRATION FEE: \$250 (AFTER APRIL 1<sup>ST</sup>)  
 REGISTRATION FEES ARE NON-REFUNDABLE

**TUITION PAYMENTS**

The first payment is due by August 1, 2022  
 The last payment is due by May 1, 2023  
 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**

(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)

**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>  
 Pastoral Referral Form  
 Teacher Recommendation Form (completed by current teacher)  
 Copy of most recent report card  
 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**

**T U I T I O N**

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	\$3180	10@ \$318	\$3020	\$3020	10 @ \$302	\$2869
K4& K5 all day	*K4&K5 \$200 After 6/30 \$225	\$5300	10 @ \$530	\$5035	\$5065	10 @ \$506.50	\$4812.75

**1<sup>st</sup> – 5<sup>th</sup>**

Grades 1 <sup>st</sup> – 5 <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	\$5725	10@ \$572.50	\$5438.75	\$5460	10@ \$546	\$5187	\$5195	10@ \$519.50	\$4935

**6<sup>th</sup> – 8<sup>th</sup>**

Grades 6 <sup>th</sup> & 8 <sup>th</sup>	ACADEMIC FEE Due by 6/30 \$350 After 6/30 \$400	\$5830	10@ \$583	\$5538.50	\$5565	10@ \$556.50	\$5286.75	\$5300	10@ \$530	\$5035
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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	\$6255	10@ \$625.50	\$5942	\$5990	10@ \$599	5690.50	\$5725	10@ \$572.50	\$5438.75
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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.**



# Griffin Christian School

2000 West McIntosh Rd. • Griffin, Georgia 30223  
Telephone (770) 228-2711

griffinchristian.org

K-6<sup>th</sup> email records to Bonnie Biles, [bbiles@griffinchristian.org](mailto:bbiles@griffinchristian.org)

7<sup>th</sup>-12<sup>th</sup> email records to Nicole Vandeford, [nvandeford@griffinchristian.org](mailto:nvandeford@griffinchristian.org)

## RECORDS RELEASE REQUEST

Information is requested from: **Previous School** \_\_\_\_\_

**City/State** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Current Grade** \_\_\_\_

The following records are requested:

<input checked="" type="checkbox"/> <b>*TRANSCRIPT-</b> required for grades 6-12 registration	<input checked="" type="checkbox"/> <b>Birth Certificate, SSN card copy, Immunization record, Ear, Eye and Dental Form</b> – required for registration
<input checked="" type="checkbox"/> <b>*DISCIPLINE RECORDS</b> – required for grades 6-12 registration (Please include Tribunal Hearing results as to placements, suspension, expulsion, etc.)	<input type="checkbox"/> <b>GA College 411</b> – grades 6-12 Username _____ Password _____
<input checked="" type="checkbox"/> <b>SST, RTI, EIP, GIFTED RECORDS/SERVICES</b> – exceptional services request(504 Plan, IEP, Psych., etc.) will be sent separately from our Special Education Department	
<input checked="" type="checkbox"/> <b>ENGLISH LANGUAGE PROFICIENCY STATUS (LEP, ESL, ESOL)</b> - when applicable if your state belongs to the WIDA Consortium, please send W-APT score, Access teacher & parent reports, testing accommodations, monitoring documentation.	

*\*Required for GCS registrations grades 6-12*

I hereby authorize Griffin Christian School to obtain pertinent information concerning the above named student for educational purposes.

\_\_\_\_\_  
**Parent/Guardian/PRINTED NAME**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Contact Phone Number**

\_\_\_\_\_  
**Parent/Guardian/SIGNATURE**

**ENROLLED** \_\_\_\_\_

**EVALUATION PURPOSES ONLY**

**Griffin Christian School**  
 2000 W. McIntosh Rd.  
 Griffin, GA 30223  
 770-228-2711 • 770-228-2216 FAX  
[www.griffinchristian.org](http://www.griffinchristian.org)

**TEACHER'S RECOMMENDATION**  
**ENTERING 1<sup>ST</sup> – 12<sup>TH</sup>**  
**CONFIDENTIAL- PLEASE FAX, MAIL, OR EMAIL**  
**eaddison@griffinchristian.org**

My son/daughter 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.

Student's Name: \_\_\_\_\_ Applying for Grade \_\_\_\_\_  
 Current School: \_\_\_\_\_ Grade \_\_\_\_\_  
 Current School Address: \_\_\_\_\_  
 Phone# \_\_\_\_\_ FAX # \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Applicant's Elementary 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.

<b>Academic Ability</b>	<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
<b>Initiative, Drive</b>	<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
<b>Leadership &amp; Responsibility</b>	<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
<b>Interest in Non-Academic Activities</b>	<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
<b>Parental Support</b>	<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
<b>Peer Relationships</b>	<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 Interpersonally
<b>Personal Qualities</b>	<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
<b>Emotional</b>	<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
<b>Summary as a Student</b>	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor

**Academic Ability**

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

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 Elaine Addison using the information provided on the front of this recommendation form.

\_\_\_\_\_  
Name (PLEASE PRINT)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

School Phone \_\_\_\_\_

## Family Pastoral Reference

Student(s) Name(s): \_\_\_\_\_ Grade(s) Applying For: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Dear Pastor,

The family and students listed above are seeking admission to Griffin Christian School, a private Christian school. The mission of the school is to work with parents to develop Godly, responsible, academically prepared students, capable of clearly articulating a Biblical worldview.

Please complete this reference form as it pertains to this family and **return it to the school**. All responses will be treated with complete confidentiality and will be used only in serving the family as a part of our school community.

1. Christian Commitment:    \_\_\_ evident and beyond question  
                                          \_\_\_ no evidence of commitment
2. Church Attendance:    \_\_\_ faithful and regular  
                                          \_\_\_ occasional  
                                          \_\_\_ infrequent  
                                          \_\_\_ never
3. Church Relationship:    \_\_\_ members in good standing  
                                          \_\_\_ not members, but exhibit commitment  
                                          \_\_\_ not supportive
4. Have any members of the family held a leadership position in the church? Please describe: \_\_\_\_\_  
\_\_\_\_\_
5. Has the family used any special talents within the church body? Please describe: \_\_\_\_\_  
\_\_\_\_\_
6. What church activities is the family involved with? \_\_\_\_\_  
\_\_\_\_\_
7. Do you recommend this family for admission to Griffin Christian School? \_\_\_\_\_  
\_\_\_\_\_
8. How long have you known the family? \_\_\_\_\_ Are you related to anyone in the family? \_\_\_\_\_

**Please use the second page for any other comments you would like to make.**

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Church Address: \_\_\_\_\_

**We greatly appreciate you giving of your time to complete this reference. Thank you for your honesty and insight. Please return in a sealed envelope or mail DIRECTLY to:**

**Griffin Christian School  
ATTN: Dana Moore  
2000 W. McIntosh Rd.  
Griffin, GA 30223**