

**Grace Christian School**

8067 Atlee Rd  
 P.O. Box 215  
 Mechanicsville, VA 23111  
 804-730-7300  
 www.grace-school.net

Application Date: \_\_\_\_\_  
 Application for Grade: \_\_\_\_\_  
 School Year: \_\_\_\_\_

<b>For Office Use Only</b> Date Received _____ <input type="checkbox"/> Application Fee Paid
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Student's Full Name: \_\_\_\_\_  
Last First Middle

Preferred Name or Nickname \_\_\_\_\_  M  F

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

**I. Parent/Guardian Contact Information**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Last First MI Last First MI

Address: _____	Address: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
Cell Phone: _____	Cell Phone: _____
Employer: _____	Employer: _____
Occupation/Position: _____	Occupation/Position: _____

**II. Recent School History:** Please list the names and dates of attendance for any school the student has attended during the past three years.

School	Dates	Grades

Will the student be enrolled full time or part time?  Full Time  Part Time

If part time, please indicate which classes \_\_\_\_\_

\_\_\_\_\_

**III. Personal Student Information:** Please attach a separate sheet for any explanation if necessary.

Has the student ever been suspended? \_\_\_\_\_ Expelled? \_\_\_\_\_ Asked to withdraw from any school? \_\_\_\_\_  
 If so, please provide a statement explaining the situation(s).

Has the student ever been retained? \_\_\_\_\_ Grade(s) \_\_\_\_\_

Has the student ever been tested, evaluated, OR referred to Child Study for the following: Learning Disability; ADD/ADHD; Anxiety; Speech/Language Therapy; Hearing Difficulty; Visual Difficulty; Diabetes; Heart Problems; Seizures; or any other special concern? \_\_\_\_\_ If so, please provide a statement to explain. **Documentation from any testing MUST be on file in the school office.**

Please share the student's extra-curricular involvement, awards received, special talents, or interests: \_\_\_\_\_

**IV. Sibling Information:**

Applicant's brothers and sisters: \_\_\_\_\_ Grace School Applicant? \_\_\_\_\_

Name	M/F	Age	School Attending	Grade	Yes/No

Name	M/F	Age	School Attending	Grade	Yes/No

Name	M/F	Age	School Attending	Grade	Yes/No

**V. General Information:**

Does your family attend church?  Yes  No If yes, where? \_\_\_\_\_

Please state why you wish to enroll your child at Grace Christian School.

In order for this application to be considered complete, the student must complete academic testing and the following items must be submitted:

- Completed and signed application
- Non-refundable application fee of \$150
- Transcripts from current school year (final transcripts must be submitted in June)  
 (Homeschool students will need to submit a list of textbooks used, final grades, and standardized test scores)
- Two letters of recommendation: One from a current academic teacher and one personal character reference
- Letter of Christian Life: A family narrative, on a separate sheet of paper, including details of church involvement and spiritual walk (including prayer, study, service, activities, etc.)

We agree that all information in the application is correct and accurate to the best of our knowledge. We agree to abide in a partnership with Grace Christian School and adhere to their academic and student policies and statement of faith.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_