

# Greenwood Christian School

## Early Childhood, Elementary

### Application for Admission

2021-2022

#### Early Childhood:

- Preschool AM 9:00– 11:00  
 Preschool PM 12:30– 2:30  
(3 by September 1 and potty trained)
- Pre-K AM 9:00 – 11:30  
 Pre-K PM 12:30– 3:00  
(4 by September 1 and potty trained)

#### Elementary:

- Kindergarten  1<sup>st</sup> Grade  2<sup>nd</sup> Grade  
 3<sup>rd</sup> Grade  4<sup>th</sup> Grade  5<sup>th</sup> Grade  
 6<sup>th</sup> Grade  Before Care  After Care

Teacher preference: \_\_\_\_\_  
(We will do our best to meet your request but cannot assure that it will be met).

Student's Legal Name: \_\_\_\_\_  
First Middle Last Preferred Name

Applicant is a  Boy  Girl Date of Birth: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_  
Month Day Year (Area Code) Number

Home Address: \_\_\_\_\_  
Street City State Zip

Home School District \_\_\_\_\_

Preferred E-mail address for communication: \_\_\_\_\_  Mom  Dad  Family

Applicant's Ethnicity:  American Indian  Black (not of Hispanic origin)  Asian or Pacific Islander  
 Hispanic  White (not of Hispanic origin)  Multiracial

Primary language spoken in the applicant's home: \_\_\_\_\_ Secondary (if any): \_\_\_\_\_

*GCS admits students of any race, color, creed, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admissions policies, scholarship programs and other school administered programs.*

#### Family Information: Father/Guardian

Title:  Mr.  Dr.  
Name: \_\_\_\_\_  
First M.I. Last  
Relationship to Applicant: \_\_\_\_\_  
Home Address (if different than applicant's): \_\_\_\_\_  
Home Telephone (if different than applicant's): \_\_\_\_\_  
Employer: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Church Membership: \_\_\_\_\_

#### Mother/Guardian

Title:  Mrs.  Miss  Ms.  Dr.  
Name: \_\_\_\_\_  
First M.I. Last  
Relationship to Applicant: \_\_\_\_\_  
Home Address (if different than applicant's): \_\_\_\_\_  
Home Telephone (if different than applicant's): \_\_\_\_\_  
Employer: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Church Membership: \_\_\_\_\_

**Special Circumstances:**

Legal Parent(s) are:  Married  Separated  Divorced  Single  Widow(er)

*In cases of divorce, separation, foster care or other guardianship a copy of the court ordered custodial agreement must be on file with the school.*

Applicant in legal custody of:  Both Parents  Mother  Father  Other \_\_\_\_\_

Applicant lives with (name and relationship): \_\_\_\_\_

**Questions Relating to Applicant's Educational and Medical History:**

What preschool or school and grade did your child last attend? \_\_\_\_\_

Has your child ever been suspended, asked to withdraw from school, or expelled?  Yes  No

Have you ever withdrawn your child to avoid disciplinary action?  Yes  No

*If you answered yes to either of the above questions, please provide complete details including the principal's name and address of the school.*

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Has your child ever been recommended for retention?  Yes  No

Has your child ever repeated a grade?  Yes  No

*If you answered yes to any of the above questions please state the grade, year, circumstances, school, and school contact:* \_\_\_\_\_

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Has your child ever been recommended for or been tested at another school, agency or hospital for any learning, mental, emotional or social disabilities?  Yes  No If so, where and when? \_\_\_\_\_

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Has your child ever received special education services and/or accommodations within the classroom?  Yes  No

If yes, please provide the details: \_\_\_\_\_

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Has your child ever had an Individual Educational Plan (IEP)?  Yes  No A section 504 plan?  Yes  No

Is your child on any routine medication?  Yes  No If yes, provide the name, dosage, and purpose of the medication:

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Does your child have a special medical condition, allergy, handicap, etc?  Yes  No If yes, describe and explain:

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Names of Siblings	Date of Birth	Gender	School Attending <i>If attending GCS, please list class and grade level.</i>

List Other People Living in Household	Age	Relationship to family

**Explain your purpose(s) for placing your child/children in Greenwood Christian School:**

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List your child's strengths	List your child's areas of need
1.	1.
2.	2.
3.	3.
4.	4.

I give my permission for our family's telephone number, address, and email address to be published in a class directory and/or the PTO parent directory? This information will only be shared with GCS parents and staff.  Yes  No

I give my permission for pictures and/or video of my child to be posted or used for school/church publications or presentations?  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PARENT COVENANT**

**(Must be signed by parents or guardians)**

We/I, the undersigned parent or guardian, understand that Greenwood Christian School is a private Christian school with the purpose of educating children in areas of spiritual, academic, physical, and social growth. We/I have chosen GCS for my child out of a commitment to see my child grow up in all ways that honor God and Jesus Christ. I also seek the development of all potential skills, knowledge and character that are available to my child through God's design. With this understanding and these goals, I agree to the following covenant: *(Please initial after reading)*

\_\_\_To support and encourage my child's learning experience by extending classroom instruction of Christian principles into our family life.

\_\_\_To encourage my child in the accomplishment of homework, projects and other school related activities by maintaining good study and work habits at home.

\_\_\_To assure my child is on time and in attendance on a daily basis unless prohibited by illness or other extenuating circumstances.

\_\_\_To support my child's teachers in their plan of my child's educational experience by demonstrating respect and confidence in each teacher and their educational leadership.

\_\_\_To make contractual tuition and other payments in a timely manner as agreed upon in the financial agreement.

\*In the event collection action becomes necessary, I agree to pay reasonable attorney's fees, legal expenses, court costs and collection costs in addition to all other sums due.

\_\_\_To cooperate with disciplinary procedures as necessary by working with school staff to understand the problem, the procedure taken to correct it and any needed follow-up steps that should be taken at home.

\_\_\_To allow my child to participate in all education activities, including school sponsored special events, trips away from school premises and other instructional opportunities by becoming knowledgeable of plans, times and supplies needed for my child to participate.

**We/I understand that spiritual truths are the foundation of the entire program of Greenwood Christian School, including all instruction and discipline.**

**If there are questions or problems on our part in any of these areas, we/I agree to seek resolution through the proper school channels in ways that are respectful of school policy and staff.**

**I verify with my signature that all information provided on this and other forms is accurate and complete.**

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_