



GRACE
Christian School

Admission Process
Kindergarten through Sixth Grade Students

Families seeking to enroll students for the upcoming school year should follow the procedure outlined below. As part of our application process, we require several forms to be completed. Some are due with the application, some are due before the admissions interview, and others are due by the beginning of the school year. **Please be sure to follow these guidelines to avoid delays in the processing of your application.**

1. Submit the following documentation to GRACE Christian School, 801 Buck Jones Road, Raleigh, NC 27606.
Ensure forms are complete and signed
 - Application for Enrollment
 - Before care & After care application
 - Non-refundable enrollment and application fees (Checks payable to GRACE Christian School)
2. Distribute the recommendation forms to the appropriate persons. Recommendation forms should be returned directly to GRACE by the evaluator. Faxing the forms is most expedient and our fax number is indicated on each form.
3. An entrance test will be scheduled after the required documentation has been received. In addition to those forms listed in Step 1, required documentation includes:
 - Student's birth certificate
 - Student's latest report card
 - Student's most recent end-of-grade test results or achievement test results
 - Copies of testing, evaluations, psychological reports, curriculum modifications, and individualized educational plans if applicable
 - Teacher recommendation form
 - A copy of all custody papers if applicable
4. Upon completion of steps 1 through 3, you will be contacted to set up a date and time for your admission interview. Parents and students should attend. The interview is our opportunity to get to know one another and to determine the extent of a good match between the school and the student.
5. GRACE will notify the family of the student's admittance status immediately upon determination by the Admissions Review Committee.
Upon Admittance, the family will receive the following items for completion:
 - Immunization History/Health Assessment Form- All students should have a physical exam and have the doctor's office complete this form by the first day of school. Form can also be used for student athletes.
 - Field Trip Driver and/or Volunteer Application Form- All parents are given the opportunity to volunteer on the campus and/or drive students to field trip destinations. In order to qualify, the parent must complete an application to do so which will be used to secure a background clearance.

Incomplete or inaccurate information will be grounds for rejection of applicant or dismissal of student.

If you have any questions, please call 919-783-6618.



GRACE

Christian School

Student Application: Grades K-6

2010-2011

PLEASE PRINT LEGIBLY IN BLACK INK **GRACE does not discriminate on the basis of race, gender, color, national or ethnic origin.**
Incomplete or inaccurate information may be grounds for rejection of an applicant or dismissal of student.

LAST Name _____ First _____ Middle _____ Nickname _____

Address _____ City _____ State _____ Zip Code _____

Birthdate _____ Student Age _____ Grade Entering 2010-2011 _____

Preferred Email Address for GRACE Correspondence _____

I give permission for my child to be included in school publications including, but not limited to, school yearbook, class picture, scrapbook and video, publicity releases, media coverage Yes No

Family Information: I have attached copies of the most current custody/legal guardianship papers Yes No N/A

Father's Name _____ Home Phone _____ Cell Phone _____

Address (if different) _____

Occupation _____ Work Phone _____

Employer _____

Skills, interests, or hobbies _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Address (if different) _____

Occupation _____ Work Phone _____

Employer _____

Skills, interests, or hobbies _____

Other's Name _____ Home Phone _____ Cell Phone _____

Address (if different) _____

Occupation _____ Work Phone _____

Employer _____

Skills, interests, or hobbies _____

EMERGENCY CONTACT INFORMATION (Other than Parents)
GRACE may authorize the physician of its choice to provide emergency medical care in the event that neither we or our family Physician can be contacted immediately. The school will provide emergency care transportation. GRACE will use Rex Hospital for emergency purposes.

Name	Relationship	Home or Work Phone	Cell Phone

PERSONS TO WHOM MY CHILD MAY BE RELEASED

Name	Phone	Name	Phone



MEDICAL INFORMATION: Attach Copies of any relevant medical information we might need.

Has your child ever been hospitalized? _____ Yes _____ No
 Does your child have any physical difficulties, illnesses or allergies? _____ Yes _____ No
 Is your child under ongoing care of a physician? _____ Yes _____ No
 Does your child have any medical condition or handicap that might affect his/her school experience? _____ Yes _____ No
 Is child on prescribed medication? _____ Yes _____ No

If you answered yes to any of the above questions, please explain in detail on the back of this application. Attach additional page if necessary

	Name	Telephone Number
Student's Physician		
Student's Dentist		

Insurance Company _____ Phone Number _____

Name of Policy Holder _____ Policy Number _____ Group Number _____

ACADEMIC INFORMATION: Please provide school background information for student. Include preschool.

Name of School	Address	Grade(s)	Reason for Leaving

Has your child ever skipped, failed, or repeated a grade? _____ Yes _____ No

Has your child ever been suspended or expelled? _____ Yes _____ No

Has your child ever had discipline or attendance/tardiness problems? _____ Yes _____ No

Has special testing or evaluation ever been suggested for your child? _____ Yes _____ No

Has your child ever been tested, diagnosed, or evaluated for giftedness, learning disability, reading difficulty, attention deficit disorder, etc? _____ Yes _____ No

Has your child ever received any modifications, accommodations, or special assignments, attended any special educational programs, resource rooms or special schools or received tutoring, or had an IEP or other plan of action? _____ Yes _____ No

If you answered yes to any of above questions, please explain in detail on the back of this application. Attach a separate page if necessary

Academic strengths:

Academic weaknesses, struggles:

Special interests, extra-curricular activities:

PARENTS MUST PROVIDE THE SCHOOL OFFICE WITH COPIES OF ANY AND ALL TESTING, EVALUATIONS, PSYCHOLOGICAL REPORTS, CURRICULUM MODIFICATIONS, EDUCATIONAL PLANS, ETC. FOR THEIR CHILD.

Does GRACE have a copy of all evaluations? _____ Yes _____ No *If no, please attach a copy.*
 Does GRACE have a copy of all education plans? _____ Yes _____ No *If no, please attach a copy.*



Church Your Family Attends:

Who may we contact at your church as a reference?

FIELD TRIP AUTHORIZATION AND RELEASE FORM

The undersigned, being the parent(s) or legal guardian(s) of _____, a minor, born on _____, understand that the minor child may participate in field trips from time to time; therefore, I/we hereby authorize GRACE Christian School to arrange transportation for such field trips.

In addition, I/we request and authorize GRACE Christian School, its teachers, instructional assistants, staff, adult volunteers, and agents thereof. (1) to obtain medical or dental care for the aforementioned minor child, when, (a) in the judgement of said teachers, assistants, staff, volunteers or agents, such treatment is necessary for the minor child and (b) attempt(s) to reach me (us) have failed or in the judgment of said teachers, assistants, staff, volunteers, or agents, the need for treatment is so immediate that there is not time to make such attempts(s) and (2) to authorize any x-ray examinations, anesthetic, diagnosis, medical, dental or surgical treatment, or hospital or clinic service that may be required by said minor in the estimation of a physician, whether such diagnosis or required treatment is given to encourage said hospital and said physician to exercise their best judgement as to the requirements of such diagnosis and treatment in those instances when a parent or guardian of the minor is unavailable to provide consent to treatment.

Furthermore, I/we, jointly and severally, as parent(s) and legal guardian(s) of the minor child, hereby release, discharge, and agree to hold harmless and indemnify GRACE Christian School, its Board of Directors, employees, volunteers, and their agents, from any and all liability, actions, causes of action, costs, expenses, compensation, damages, claims or demands resulting from (1) decisions made in selecting medical or dental providers or in authorizing medical or dental treatment, (2) injuries or property damage resulting from treatment or transportation to and from and facility for the purpose of obtaining such treatment, or (3) the minor child participating in any field trip, including any and all claims for personal injuries or property damage sustained while participating in/or traveling to or from any field trip.

STATEMENT OF COOPERATION

1. It is required that parents or legal guardians of registered students pay tuition, book fee, and facility fee in the amount stated on the Tuition and Fees Payment Schedule of this student's application on a 12-month basis, beginning June 1 and ending May 1. If regular tuition payments are not received by the 15th of each month, a \$30.00 late charge will be added to the amount. If fees are not up to date by the end of the month, the child may not attend until they are paid.
2. I understand that no refunds are made on registration and application fees and book and supply fees. In the event of withdrawal, the sum of the fees and tuition and facility fee through the current month will be reconciled against the payments received in determining whether any refund is due.
3. I understand that I must provide the school with copies of any and all testing, evaluations, curriculum modifications, educational plans, etc., that have been conducted for my child's giftedness, special needs, or learning difficulties. Incomplete or inaccurate information will be grounds for rejection of applicant or dismissal of student.
4. Teachers and administrators are hereby given full discretion in the discipline of my child with the exclusion of corporal punishment. I will be notified of any major disciplinary infractions.
5. The school reserves the right to dismiss any student not cooperating with the educational process and/or whose parents or legal guardians refuse to cooperate.
6. I understand that I will be liable for any damages my child causes to school property.
7. I give permission for my child to participate in all school activities, including sports and school-sponsored trips away from the school premises. I absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.
8. In case of emergency or serious illness, I request that the school contact me. If the school is unable to contact me, please contact my child's physician. If the physician cannot be reached, the school has my permission to make whatever arrangements are deemed necessary for my child's treatment.

We understand GRACE's spiritual position as confirmed by its Statement of Faith.

We have provided complete and accurate information to GRACE in this document.

We have read and understand the Statement of Cooperation and agree to comply with its requirements in seeking admission to GRACE.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

*Both parents/guardians must sign this form!

Student Name _____
 Last First

Grade _____

GRACE Christian School
Immunization History/Health Assessment

Information must be completed by a physician licensed to practice medicine, a physician's assistant as defined in General Statute 90-18, a certified nurse practitioner, or a public health nurse meeting the state standards for health check services.
Please Print clearly in black ink.

I. Personal Information

Student's Name _____ DoB _____ Sex _____

Address _____

Parent/Guardian Names _____

Ethnicity Caucasian African American Hispanic Asian Other _____

II. Immunization Requirements: Complete for NEW STUDENTS and RISING SIXTH GRADERS

VACCINE	DOSE #1	DOSE #2	DOSE #3	DOSE #4	DOSE #5	BOOSTER
DTaP, DTP, DT						
Polio						
Hib						
Hepatitis						
MMR						
Varicella						

North Carolina Department of Environment, Health, and Natural Resources requires the following minimum doses for all children entering school. A booster DTaP is required for children entering sixth grade.

DTaP, DTP, or DT-5 plus booster required before entering sixth grade (DT requires medical exemption)

Polio-4 (If third dose is after fourth birthday, fourth dose is not required)

Hib-4 (Series complete if at least one dose given on/after 15 months and before five years; not required after age five)

Hep B-3 (Children born on/after July 1, 1994 are required to have three doses)

MMR-2 of live attenuated vaccine; one in the second year of life and the second before enrolling in school for the first time

Varicella-1 (Children born on/after April 1, 2001, without documented history of the disease)

Exemptions from N.C. State Immunization Law require a statement to be on file in student's permanent record. Exemptions must meet requirements of the law. Please consult your local health department for details.

Medical

Religious Exemption

Student Name _____
 Last First

Grade _____

III. Health History

Health History Questions	Yes	No	Unsure
Has anyone in the student's family (grandparents, parents, siblings) died suddenly before age 50?			
Has student ever stopped exercise because of dizziness or passed out during exercise?			
Does student have asthma (wheezing), hay fever, or coughing spells after exercise?			
Has student ever broken a bone, had to wear a cast, or had an injury to any joint?			
Does student have a history of concussion (getting knocked out, unconscious)?			
Has student ever suffered heat related illness (heat stroke)?			
Does student have a chronic illness or see a doctor regularly for any particular problem?			
Does student take any medications?			
Is student allergic to any medications, foods, bee stings, etc.?			
Does student have only one of any paired organs (eyes, ears, kidneys, ovaries, testicles, etc.)			
Has student had an injury/illness in the last year that caused five/more consecutive absences?			
Has student had surgery or been hospitalized in the past year?			
Does student have a medical diagnosis that has not been resolved in the past year?			
Will any problem or condition affect athletic/school performance?			

If yes, please explain in detail _____

IV. Health Assessment

Weight _____ lbs

BMI for age is: Normal (5%<85%ile) At-Risk Overweight (85%<95%ile)
 Underweight ($\leq 5\%$ ile) Overweight ($\geq 95\%$ ile)

Height _____ ft _____ in

Blood Pressure _____

Vision	Right	Left	Both
Far	20/	20/	
Near			20/

Hearing	1000	2000	4000
Right			
Left			



GRACE

Christian School

Authorization for Release of Educational Records

Please complete the authorization below and return this form with your child's application:

Last Name _____ First _____ Middle _____

Birth Date _____

In accordance with Federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, the undersigned hereby requests the release to GRACE Christian School of all educational records, including recommendations and other information as may be requested, regarding the above-named student who has been accepted by GRACE Christian School.

Student Information Manager- Pat Trussell

_____ Date

TO PRINCIPAL, GUIDANCE COUNSELOR, OR RECORDS OFFICE:

Previous School _____

Address _____ City _____ State _____ Zip _____

The Student named above has been accepted for admission to GRACE Christian School. Please send the following:

1. A transcript of the student's record to date.
2. A copy of the student's complete test profile.
3. Health records including immunization, vision, and hearing tests.
4. A copy of all disciplinary records.
5. A copy of all psychological reports.
6. A copy of the Student's Individual Educational Plan.
7. A copy of the students's Special Education Placement forms.

Please mail information to: GRACE Christian School
801 Buck Jones Road
Raleigh, NC 27606

or Please fax your information to: 919-783-0856

For office use only

Date records requested	_____	_____
Date records received	_____	_____



GRACE
Christian School

Teacher Recommendation Form- Kindergarten through 6th

Name of Student _____ Grade to which applying _____

To the Parent: Please complete the top section of this form and give it to a person who has taught your child in a **core subject** (English, history, science, or math) within the past year, preferably a current teacher. By signing here, you give your permission for the following information to be released to GRACE. You understand that it will be treated confidentially and will not be released to you.
Signature of Parent: _____

To the Reference: This student is seeking admission to GRACE, a Christian school which offers instruction from kindergarten through twelfth grade. We would appreciate your observations. If you wish to discuss this student personally rather than complete this form, please check here and complete the bottom portion. We will contact you shortly.

What Subjects did you teach this student? Hours per week? _____
 What do you perceive as this student's greatest strengths? _____
 Does he/she have special academic needs? _____
 Does he/she make above average, average, or below average grades? _____
 Do his/her grades reflect your estimate of ability? _____
 Is the family supportive of the school? The Teacher? Please Explain. _____
 How does this student demonstrate evidence of good character? _____
 Do you have any concerns regarding the success of this student? Please explain. _____

<i>Intellectual Curiosity</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement	<i>Peer Interaction</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement
<i>Cooperation</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement	<i>Work Habits</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement
<i>Responsibility</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement	<i>Organizational Skills</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement
<i>Leadership Potential</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement	<i>Class Participation</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement
<i>Motivation</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement	<i>Emotional Stability</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement
<i>Self Control</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement	<i>Classroom Behavior</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement

Student's classroom behavior requires frequent teacher intervention occasional seldom Please Explain _____
 Is this student taking any behavior-altering medication? _____ Please Explain _____
 Do you have any knowledge of student using illicit drugs or alcohol? No Yes If yes, please explain _____
 I recommend this student Yes No With this reservation (please explain) _____

Signature of Reference _____ School _____ Date _____
 Name (please print) _____ Position _____ Phone _____

**PLEASE MAIL THIS FORM DIRECTLY TO THE ADDRESS BELOW OR FAX TO 919-783-0856
 GRACE Christian School, Admissions Review Committee, 801 Buck Jones Road, Raleigh, NC 27606**

If you have any questions, please call 919-783-6618. Thank you for your help in this student's application process.



Child's Name _____ Grade _____

Before Care: (7:30-8:15 a.m.)

Rate: \$35 per month

I understand that I must sign my child into before care each morning. I will be billed \$35 each month I use this charge. I *estimate* that I will need before care as follows:

- Daily Most Days Occasionally

After Care: (3:00-6:00 p.m.)

Rates: \$50 registration fee

3 days: \$175 per month

5 days: \$250 per month

I understand that I must register my child for after care. I have enclosed my \$50 registration fee. Monthly fees are due the 1st of each month; a \$30 late fee is applied after the 15th of the month. A fee of \$1 per minute will be assessed for parents arriving after 6:00 p.m. There is a one-time grace; the late fee will be charged upon the second occurrence. I would like to register my child for after care as follows:

- 5 Days 3 Days Please check the days: M T W Th F

Please provide a four-digit security code to use the keypad located at the side entrance of the school. You will have access at these doors from 3:00-6:00 p.m on days after care is open. Your code will be effective on the first day of school. Please do not share your security code with your child or others.

_____ Sonitrol Security Code (please provide four digits)

I understand that my agreement to comply with the stipulations of the GRACE Statement of Cooperation will also pertain to the GRACE after care program. I understand that I will be billed monthly if i use before care. I understand that my after care fees are due the 1st of the month.

Parent/Guardian Signature Date

Parent/Guardian Signature Date



G R A C E
Christian School

Tuition & Fees
2010-2011

Enrollment Fee: Due with Application- \$400 per student

Application Fee: Due with Application- \$200 per student

2010-2011 Annual Fees:

Grade	Annual Tuition	Book/Supply Fee	Facility Fee	Total Annual Fees	12 Monthly Payments
Kindergarten - 5th Grade	\$6,100	\$325	\$1,000	\$7,425	\$618.75
6th Grade-8th Grade	\$6,495	\$450	\$1,000	\$7,945	\$662.08
9th Grade-12th Grade	\$6,860	\$550	\$1,000	\$8,410	\$700.83

Additional Fees:

Aftercare: Available for students grades Kindergarten through 6th, Monday-Friday, from 3:00-6:00 p.m. You may request Aftercare registration forms from the office for program options, fees, and enrollment.

Before Care: Available 7:30-8:15 am, Monday-Friday. The rate is \$35.00 per month per child for Kindergarten through 6th grade.

Note: Enrollment fees, application fees, and book & supply fees are non-refundable. Additional fees are assessed for student participation in extra-curricular activities.