



Admission Process
7th through 12th 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, 1101 Buck Jones Road, Raleigh, NC 27606. Ensure forms are complete and signed
 - Application for Enrollment
 - Student's Application for Enrollment
 - 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:
 - Guidance Counselor and Teacher recommendations
 - Note- Middle School students do not require a Guidance Counselor recommendation
 - 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
 - Copy of current transcript
 - 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 submit the following completed items:
 - 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.
 - 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 919-747-2020.



GRACE

Christian School

Student Application: Grades 7-12

2012-2013

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 _____

How did you hear about GRACE? _____

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) _____

Email Address _____ Would you like to receive GRACE Email Correspondence Yes No

Employer _____ Work Phone _____

Occupation _____ Skills, Interests, or Hobbies _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Address (if different) _____

Email Address _____ Would you like to receive GRACE Email Correspondence Yes No

Employer _____ Work Phone _____

Occupation _____ Skills, Interests, or Hobbies _____

Other's Name/Relationship to Student _____ Home Phone _____ Cell Phone _____

Address (if different) _____

Email Address _____ Would you like to receive GRACE Email Correspondence Yes No

Employer _____ Work Phone _____

Occupation _____ 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: _____

Maternal & Paternal Grandparents and Addresses: _____

Personal Reference:
Name _____ Relationship _____ Phone Number _____

Name(s) and Grade(s) of additional family members who attend/are applying to GRACE: _____

Grandparent information will be used to send each Grandparent a personal invitation to our annual Grandparents' Day.

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 (including GRACE buses) 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 enrolled 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, or a payment in full by June 1. Parents/Legal Guardians not paying in full, must sign up with FACTS Tuition Management. If fees are not kept current by the end of the month, the child may not attend until they are paid.
2. I understand that **no refunds are made on enrollment 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. By virtue of participating in events at GRACE Christian School, it is very likely that students may be photographed by the school for publishing via newspapers, streaming video or otherwise. Parents of GRACE students accept that their child(ren)'s image may be captured and possibly published without further express permission. Such publication may or may not include further identification of the student.
9. 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 above statements 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 (≤ 5 &ile) Overweight (≥ 95 %ile)

Height _____ ft _____ in

Blood Pressure _____

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

Hearing	1000	2000	4000
Right			
Left			



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 919-747-2021
GRACE Christian School, Admissions Review Committee, 1101 Buck Jones Road, Raleigh, NC 27606**

If you have any questions, please call 919-747-2020. Thank you for your help in this student's application process.



Name of Student _____ Grade to which Applying _____

To the Parent: Please complete the top section of this form and give it to your student's guidance counselor. 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.

Ability Assessment Test _____ Date _____
 Full Score _____ Verbal _____

Achievement Assessment Test _____ Date _____
 Total Score _____ Reading Subtest _____
 Math Subtest _____

Is this student identified for any level of special programs?
 ADD LD BEH ADHD EMH Vocational
 Speech Giftedness Other (please specify): _____

Has student received special training for giftedness or disabilities? Please explain:
Attach a copy of the student's current IEP.

Is the family supportive of the school? The teachers? In what ways? Please explain:

How does this student demonstrate evidence of good character?

Has this student ever been suspended or expelled from school? If so, please explain.

Do you have any concerns regarding the success of this student? If so, please explain.

Do you have any knowledge of student using illicit drugs or alcohol? No Yes If so, please explain.

Has this student received In School Suspension or After School Detention? If so, please explain.

I recommend this student for enrollment: Yes No With this Reservation

Additional Comments:

Signature of Reference _____ School _____ Date _____

Name (please print) _____ Position _____ Phone _____

**PLEASE MAIL THIS FORM DIRECTLY TO THE ADDRESS BELOW OR FAX TO 919-747-2021
GRACE Christian School, Admissions Review Committee, 1101 Buck Jones Road, Raleigh, NC 27606**

If you have any questions, please call 919-747-2020. Thank you for your help with this student's application process.



This application is to be completed solely by the student applicant.

Applicant's Name _____ Preferred Name _____
 Home Address _____ City _____ State _____ Zip _____
 Telephone _____ Email _____
 Current School _____ Current Grade _____

Questions should be answered by the rising 7-12 grade student in his/her own handwriting in short paragraph form. Please use additional paper.

1. Which academic subject(s) do you enjoy most? Why?
2. Which academic subject(s) are the most difficult for you? Why?
3. Describe your study habits and academic life.
4. Do you receive extra help or tutoring in any subjects? If so, which ones?
5. Have you ever been suspended or expelled from school? _____ Yes _____ No If yes, please describe when and for what reasons.
6. Have you ever used alcohol or illegal drugs?
7. Have you ever misused prescription or over-the-counter drugs?
8. What extracurricular activities have you been involved in? (Please include athletic, creative, social, and intellectual interests.)
9. Describe some of your personal strengths.
10. What are weaknesses you need to improve on?
11. Briefly describe your understanding of who Jesus Christ is.
12. Describe your personal relationship with Jesus Christ.
13. If your peers were asked about your behavior and your character, what would they say?
14. Why do you want to attend GRACE?
15. What apprehensions do you have about attending GRACE?
16. How can attending GRACE help you reach your goals and ambitions?
17. How might you contribute to GRACE?

I have read and understand the GRACE Code of Conduct. _____ Yes _____ No
 I have read and am willing to be taught from the perspective expressed in GRACE's Statement of Faith. _____ Yes _____ No

Signature of Applicant _____

Date _____



Tuition & Fees
2012-2013

Enrollment Fee: Due with Application or at Re-Enrollment: \$300 per student

Enrollment Fee AFTER February 15, 2012: \$400 per student

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

2012-2013 Annual Fees:

Grade	Annual Tuition	Book, Online Resource & Supply Fee	Facility Fee	Total Annual Fees	12 Monthly Payments*
Kindergarten - 5th Grade	\$6,400	\$325	\$1,000	\$7,725	\$643.75
6th Grade-8th Grade	\$6,820	\$450	\$1,000	\$8,270	\$689.17
9th Grade-12th Grade	\$7,200	\$550	\$1,000	\$8,750	\$729.17

Additional Fees:

Athletic Fees: \$90 participation fee per student per sport

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

LEAP: Additional fees for participation in the Learning Enrichment and Achievement Program are based upon individual assessment and services provided. (Please see the GRACE website page <http://www.GRACEChristian.net/page/services> for more information.)

Aftercare: Available for students grades Kindergarten through 6th, Monday-Friday, from 3:00-6:00 p.m. There is a \$50 registration fee and monthly fees for 3 days a week and 5 days a week.

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

International Students: Additional \$500 international student fee- All annual tuition and fees for international students are due in advance at time of acceptance and are **non-refundable**.



Conduct Commitment

GRACE commits to partnering with parents in the raising of their children in a manner that is consistent with biblical principles as reflected in our mission, vision, philosophy, statement of faith, and core values statements. We trust that our students will respond with positive attitudes and conduct.

GRACE Students should be personally committed to the Christian standards of behavior. Daily actions should be guided by I Timothy 4:12, “Don’t let anyone look down on you because you are young, but set an example for the believers in speech, in life, in love, in faith, and in purity.”

Student Pledge

By signing this agreement with GRACE,

- I will abide by all rules and policies of the school and will do so with a positive, appropriate attitude.
- I will display courtesy and respect for other students, faculty, and staff.
- I will behave in a manner so as not to bring disrespect upon my parents, the school, or the Lord.
- I will abide by the guidelines as set forth in the GRACE Handbook, including the dress code.
- I will exhibit responsibility by protecting school, church, and public property.
- I will maintain Christian standards of integrity and honesty in academics, relationships, and accountability.
- I will voice any school concerns first to my teacher and then, if not resolved, will seek guidance from my parents and the administration of the school. I will, at all times, do so in a positive, professional manner.
- I will conduct myself in such a way as to reflect the biblical principles of modesty, purity, obedience, and respect in both my dress and speech, at all times, whether on or off campus.

Student Signature

Date

Parent Pledge

By signing this agreement with GRACE,

- I will accept the primary responsibility of ensuring that my student adheres to the GRACE Code of Conduct.
- I will abide by all rules and policies, will support the decisions of GRACE and will do so with a positive appropriate attitude.
- I will treat all students, faculty, and staff in a courteous, respectful manner. If I/we have any concerns regarding school policies, procedures, or actions, I/we will address them in a manner as instructed in Matthew 18:15.
- I will refrain from malicious, destructive behavior including parking lot gossip.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Statement of Faith

THE SCRIPTURES

We Believe

- a. the Bible in its entirety to be the inspired Word of God, and
- b. that it is the infallible rule of faith and conduct

THE GODHEAD

We Believe

- a. the Godhead exists in three Persons: Father, Son, and Holy Spirit
- b. these three persons are one God, having precisely the same nature, attributes, and perfections

THE LORD JESUS CHRIST

We Believe in

- a. His eternal existence as God;
- b. His incarnation and virgin birth
- c. His death on the cross as the substitutionary atonement for sin;
- d. His literal, body resurrection from the dead;
- e. His present ministry of intercession in heaven; and
- f. His personal, future return to earth

THE HOLY SPIRIT

We Believe that the Holy Spirit, the third Person of the Godhead;

- a. convicts men of sin and regenerates, baptizes, indwells, seals, and bestows spiritual gifts
- b. keeps and empowers believers day by day, and
- c. is the Teacher of the Word of God and the Guide for daily living

MAN

We Believe that

- a. man was created in the image of God
- b. Adam fell through the sin of disobedience; and therefore
- c. all mankind needs redemption

SALVATION

We Believe that

- a. salvation is by grace, a free gift from God apart from works;
- b. salvation requires repentance, a turning from ones own way to God's way
- c. salvation is through personal faith in the Lord Jesus Christ
- d. all who receive Jesus Christ are regenerated by the Holy Spirit and become the Children of God; and
- e. true salvation will be manifested by a changed life

THE FUTURE

We Believe in

- a. the personal, visible, bodily return of Jesus Christ to earth;
- b. the bodily resurrection of the just to the eternal abode in the glory of God's presence; and
- c. the bodily resurrection of the unjust to the judgement and everlasting punishment in the lake of fire



I would most like to serve in grades: K-6 7-12 Both

Please select the area(s) below in which you would most like to serve:

- | | |
|--|---|
| <input type="checkbox"/> Advancement | <input type="checkbox"/> Grandparents' Organization |
| <input type="checkbox"/> Boosters | <input type="checkbox"/> Hot Lunch Program |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Library |
| <input type="checkbox"/> Dad's Club | <input type="checkbox"/> Moms in Touch Prayer Group |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> PTF |
| <input type="checkbox"/> Field Trip Driver | <input type="checkbox"/> Room Parents |
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Other _____ |

Name Mr. Mrs. Miss _____

Address _____

Email Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

As a volunteer, I understand I am offering my services to GRACE without compensation. I hereby release the school of liability and indemnify the school against any loss or damages ensuing while I am on school premises or on school business. I agree with the GRACE Statement of Faith and while serving as a volunteer will always seek to glorify God in attitude, word, and deed. I will dress modestly and appropriately at all times while on the GRACE campus or while accompanying students off campus. I agree to a background check to be conducted by GRACE. All information obtained through such a check will be considered confidential and used strictly in determining eligibility for the volunteer program. I further understand that if the results of my criminal history check are unacceptable to the ministry, I will not be eligible to serve as a volunteer.

Volunteer Signature

Date