STUDENT APPLICATION FORM K-12TH GRADES

10760 THORNMINT RD, SAN DIEGO, CA 92127

<u>ADMISSION@GRACECHRISTIANSCHOOL.ORG</u>
(858) - 568 - 8696





Accredited by The Accrediting Commission for Supplementary Education, Western Association of Schools and Colleges. GRACE CHRISTIAN SCHOOL is dedicated to the spiritual, intellectual, and personal development of all students. We have created a nurturing environment where our students can discover their entire person. Grace Christian School welcomes your children to ioin our family and beain their successful future.

GRACE CHRISTIAN SCHOOL APPLICATION CHE	CKLIST (GRAI	DES K-12 Th	¹).				
Teacher Recommendation Form (Only for 1-12	^{2th} grades)			your completed applications and			
Current School Transcripts				associated documentation to:			
Application Fee \$200.00				GRACE CHRISTIAN SCHOOL Admissions Office:			
Completed Student Application Form			ADMISSION@GRACECHRISTIANSCHOOL.ORG				
We are dedicated to the spiritual, intellectual, and personal	development of	all students					
To join our family and begin a successful future please gathe process.			in GCS Application	Checklist and follow the admission			
STUDENT PERSONAL INFORMATION:							
Student's Full Name:			Date of Birth:	_//			
Current School: Grade:			Place of Birth:				
TUDENT FAMILIY INFORMATION:							
FATHER OR GUARDIAN Full Name:	Occupations						
Full Name: Home Adress:				Zip Code:			
Home Phone: Cell Phone:							
Birthplace:							
MOTHER OR GUARDIAN							
Full Name:	Occupation:						
Home Adress:			State:	Zip Code:			
Home Phone: Cell Phone:		E-mail:					
Birthplace:							
STUDENT LIVES WITH:							
Father:		_					
SIBLINGS:							
Full Name:	Grade:						
Full Name:	Grade:						

IMMUNIZATION AND HEALTH RECORD:

Immunization							
According to the <i>California School Immun</i> IMMUNIZATIONS NEEDED child needs the				ections 120) 325-120375 ,	NOTICE OF	
Please mark the total number of doses of each of the following immunizations:		#1	#2	#3	#4	#5	None
Polio						1	
DTaP (Tdap or Td if age 7 years or older.)							
MMR						<u> </u>	
Hib (Childcare / Preschool Only)							
Hepatitis B							
Varicella (Chickenpox)							
Tdap (For 7th–12th grade)							
Students General Health							
General Health Condition	☐ Ex	cellent	Good	t	Other:		
Handicaps] No	Yes		Describe:		
Allergies] No			Describe:		
What are some academic disciplines t	that most i	nterest the	student/child	 ?			
What are some strengths and weakne	esses you c	onsider the	e student/child	d has?			
What would you say the student/child	d learning	style is?					
Do you consider your student/child no	eeds const	ant superv	ision to finish	and perfo	orm tasks?		
What are your student/child's learnin	ng objective	es?					
Has your child had any previous school	ol problem	ıs?					

Grace Christian School

What kinds of enrichment, afterschool, or extracurricular programs does you	r child/student participate in?
Describe any aspect you value the most about your current school:	
Describe a teacher that has made an impact on your child/student academic l	life, and explain why:
What is the father, mother, or/and guardian attitude toward learning technol	logies?
What is the language spoken at home?	
What brought your interest to join our school?	
How did you hear about Grace Christian School?	
Is there anything new that you would love to see in Grace Christian School?	
ECLARATION	
I declare that the information provided by me in this application is true and correct, I understar otain admission and/or credit into a course is an offense. Failing to provide information regarding ast may have an impact on the school's admission decision.	
I declare that I am the parent or guardian of the student applying for admission, and I commit to formation provided in this application changes.	o notify the school promptly if any of the
. I understand that the Application Fee is non-refundable, and it must be covered in the admissic	on process only.
Signature of Father/Mother/Guardian:	Date://

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