



Dear Parents,

This begins a new chapter in my life as the Administrator of Grace Christian Academy. As you look through the information in this packet, I encourage you to pray about whether Grace Christian Academy is the right place for you and your child.

We would be honored to partner with your family for the spiritual, moral, and academic training of your precious child/children. The relationships we build with our students and parents are based on teamwork and trust. Our faculty and staff have a great desire to serve your family. Each teacher we have selected is dedicated to the academic, spiritual, and social enrichment of your child.

We endeavor to discover God's truth and character in every stage of learning and strive to provide academic excellence through a Christ-centered education. We seek to teach children by example how to conduct themselves in a Christ-like way as well as equip them with the tools to honor God through service and leadership.

We recognize that parents are ultimately responsible for the spiritual, moral and academic growth of their children, and we provide encouragement, accountability, and support as we partner with parents in this journey.

Once we receive your complete Application, we will contact you to schedule a family interview. We also invite you to visit our website at www.gcapsl.org.

Thank you and we look forward to serving you in the future.

Cynthia J Netwig



APPLICATION FOR ADMISSIONS

Student's Name _____

Grade Entering: _____ Birthdate: _____ Application: _____

Year Entering: _____

Please complete and return this application. If a question requires more space than has been provided, please use a separate sheet of paper. Please refer to the Admission Procedures for a list of documents that must accompany this application. Applications cannot be processed without all required materials.

Grace Christian Academy admits students of any race, color, national, or ethnic origin to all the rights, privileges, and activities accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, tuition-aid programs, athletic, and other school-administered programs.

FOR OFFICE USE ONLY

Interview: _____
(Date/School Representative)

_____ Application Fee
_____ Statement of Faith
_____ Student Support of Discipline
_____ Enrollment/Tuition Contract
_____ Request for Records Form

_____ Birth Certificate
_____ Social Security Card
_____ School Records
_____ Information Release Form

_____ Student Questionnaire
_____ Student Interview

Committee Recommendation:

_____ Accept
_____ Deny

Ethnicity: ☐ Asian/Asian American ☐ Black/African ☐ Multiracial ☐ Caucasian
☐ Middle Eastern ☐ Latino/Hispanic ☐ Native American
☐ Other (please specify) _____

PARENT OR GUARDIAN INFORMATION

Father's Name _____
(First) (Middle) (Last)

Marital Status: ☐ Married ☐ Divorced ☐ Remarried ☐ Separated ☐ Widowed

Father's Complete Address: _____

(City/State/Zip) Father's Home Phone: _____

Email Address: _____ Cell Phone: _____

Father's Occupation: _____ Business Phone: _____

Place of Business or Employment: _____

Mother's Name: _____
(First) (Middle) (Last)

Marital Status: ☐ Married ☐ Divorced ☐ Remarried ☐ Separated ☐ Widowed

Mother's Complete Address: _____

(City/State/Zip) Mother's Home Phone: _____

Email Address: _____ Cell Phone: _____

Mother's Occupation: _____ Business Phone: _____

Place of Business or Employment: _____

List names and ages of other children in family, including those attending this school:

Name and Address of Grandparents:

(Name) (Address) (City) (State) (Zip)

(Name) (Address) (City) (State) (Zip)

Child's Legal Name: _____

Name child will go by: _____ Child's Birthdate: _____

Resides with: ☐ Father/Mother ☐ Mother Only ☐ Father Only

☐ Mother/Step-Father ☐ Father/Step-Mother ☐ Guardian

Please list all schools in the last four years:

School Address City/State/Zip Dates Grades



Emergency Contact and Medical Information for Student

Student's Name _____	Date of Birth _____	Male _____	Female _____
Parent's/Guardian Name _____	Parent's/Guardian Name _____		
() _____	() _____	() _____	() _____
Home Phone	Cell Phone	Home Phone	Cell Phone
Address _____	Address _____		
City, State, ZIP Code _____	City, State, ZIP Code _____		

Alternative Emergency Contacts

Primary Emergency Contact _____	Secondary Emergency Contact _____
() _____	() _____
Home Phone	Home Phone
Cell Phone	Cell Phone
Address _____	Address _____
City, State, ZIP Code _____	City, State, ZIP Code _____

Medical Information

Hospital/Clinic Preference _____	
Physician's Name _____	Phone Number _____
Insurance Company _____	Policy Number _____
Allergies/Special Health Considerations _____	



MEDICAL AND EMERGENCY INFORMATION

STUDENT INFORMATION

Last _____ First _____ MI _____
SS# _____ Male _____ Female _____
Birth Date ____/____/____ Grade _____
Home Phone (____) _____
Address _____
City _____ State _____ Zip _____

FAMILY INFORMATION

Child Lives with:

Father / Stepfather / Legal Guardian *(Please Circle)*

Name _____
Cell # (____) _____ Work # (____) _____
E-mail _____
Occupation _____
Employer _____

Mother / Stepmother / Legal Guardian *(Please Circle)*

Name _____
Cell # (____) _____ Work # (____) _____
E-mail _____
Occupation _____
Employer _____

Sibling _____ Grade _____

Sibling _____ Grade _____

Sibling _____ Grade _____

If student does NOT live with both natural parents, please list the following information for the non-custodial parent.

Name _____
Address _____
City _____ State _____ Zip _____

Home Phone (____) _____

Would non-custodial parent like correspondence? Yes _____ No _____

Custodial parent must supply documentation verifying legal rights.

BILLING INFORMATION

Bill to: _____
Address _____
City _____ State _____ Zip _____
Home Phone (____) _____
Cell # (____) _____ Work # (____) _____
E-mail _____
My child is receiving/applying for: **SUFS**

HEALTH/LEARNING INFORMATION

Allergies _____
Learning Disabilities _____
Other _____
Student was retained in the following grade. _____
Physician's Full Name _____
Physician's Phone (____) _____

EMERGENCY CONTACT

(other than parent or guardian)

Name _____
Address _____
City _____ State _____ Zip _____
Cell # (____) _____ Home # (____) _____
Relationship to Student _____

Permission to Pick-up Student: Yes _____ No _____

I understand the Registration Fee, Book Fee, and All Tuition payments are non-refundable and may not be covered by the scholarship. I will review the Grace Christian Academy Student Handbook for detailed financial policies.

Parent Name Printed _____

Parent Signature _____

Date _____

FOR OFFICE USE ONLY

Registration Fee
Copy of Birth Cert
Copy of SS Card
Copy of Medical Ins
Immunization (680)
Physical (3040)
Req. Records Recvd.

Start Date _____
Scholarship Form
Financial Contract
Parent Agreement
Release of Liability
Medical/Emergency
Copy of Parent Driver License

School Bus
Extended Care
Handbook
Interview
Testing
Records

GRACE CHRISTIAN ACADEMY

Disclosure of Student History

We, the parents/guardians of _____,

Have disclosed any and all information, reports, or paperwork concerning our child in compliance with
the Grace Christian Academy Discipline Policy.

We have disclosed any past suspensions/expulsions as prior schools or unlawful behavior of our child to
the school's administration.

Signature: _____ Date: _____

Please sign and return to the office.

Thank you.

Grace Christian Academy



ENROLLMENT AND TUITION CONTRACT

2024/2025 SCHOOL YEAR

STUDENT: _____

GRADE: _____

STUDENT: _____

GRADE: _____

STUDENT: _____

GRADE: _____

STUDENT: _____

GRADE: _____

The undersigned parents/legal guardians do hereby contract for the enrollment of the above listed child(ren) as students of Grace Christian Academy (GCA) for the school year 2024/2025 and do certify to the following:

1. We understand and agree to have our child(ren) instructed on a Biblical basis. We have read, understand and accept the Commitment to Cooperative Effort.
2. We will assume all financial responsibilities as published in the current Tuition & Fee Schedule. **We will pay all tuition and fees as stated in this schedule whether covered by their scholarship or not.** Monthly payments are due on the 1st of each month, beginning August 1st and ending May 1st. Report cards/Final Grades will not be released if monthly payments and/or fee are not paid up to date.
3. I understand and agree upon failure to comply with the terms of this contract with GCA, GCA at its option shall notify parent or guardian of the above-named student(s) to comply with the terms of this contract including the payment of all installments when due, together with penalties as provided, or said student(s) shall not be allowed to continue at GCA and all privileges of the school may be withdrawn from the above-named student(s) until such time as our contract obligations are met. It is further understood and agreed that all monthly tuition payments and/or fees must be paid in full before student(s) final grades and/or report card will be released to the parent or another school. Likewise, a graduating senior will not be able to go through graduation exercises or receive final transcripts unless all tuition and fees are paid in full, whether on scholarship or not.
4. We have read and will support the specific financial policies of GCA.
5. We will endorse the entire educational program of the school and comply with all rules and regulations as set forth in the Parent/Student Handbook and policies of the Administration and School Board.
6. Families admitted to GCA will be expected to attend programs and conferences scheduled by GCA to remain well informed and involved in the policies and activities of the school.
7. GCA's acceptance of students is contingent upon social, academic, and behavior that is compatible with the school's standards. GCA reserves the right to suspend or expel any student for any reason based upon his/her actions or the actions of his/her parents.

8. The parties signing this contract acknowledge full understanding and agreement that participation by the student(s) referred to herein in various activities sponsored by GCA and the use of equipment and facilities owned or maintained by GCA may result in the possibility of accidental or other physical injury to such student(s), and such parties assume the risk of all such injury and further agree to indemnify and save GCA harmless from any and all liability attributable to GCA by either such parties, or their children or wards as a result in participation in such activities or the use of such facilities.
9. I understand that the Scholarship covers such things as Book Fee, Registration Fee, Busing, etc, however, my child may not have enough funds in their account to pay these fees at which time, I am responsible for paying these fees myself.

FIRST TIME ENROLLMENT ONLY:

Any new student(s) will be on academic and social probation for the first semester. Academically, the student must maintain a 70 or higher in all academic areas. Socially, their behavior must be in compliance with the guidelines listed in the Student/Parent Handbook. If a student is asked by the school to withdraw due to failed probation, this contract will be cancelled. However, no portion of any of the fees paid to date will be refunded.

******PLEASE INITIAL YOUR CHOICE FOR TUITION PAYMENTS******

- _____ Tuition Paid in Full
- _____ Tuition Paid Semi Annually (**August 1 and January 1**)
- _____ Tuition Paid Monthly on the 1st of each month (\$30.00 late fee if paid after the 10th)
- _____ Tuition Paid by Scholarship (**Circle One**) FTC/FESEO FES/UA FES/HOPE

Parent's Signatures:

Father's Signature

Date

Mother's Signature

Date

This contract is part of your child(ren)'s enrollment package.

It must be signed by both parents if student living with both and returned with the enrollment package in order for the enrollment to be official.

THIS FORM IS TO BE SIGNED EVERY YEAR YOUR CHILD IS IN ATTENDANCE AT GCA.

GRACE CHRISTIAN ACADEMY

Statement of Faith

1. We believe the Bible to be the inspired and authoritative Word of God and the standard by which all knowledge is judged and taught. (2 Timothy 3:16-17)
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. (Matthew 28: 18-20)
3. We believe in the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (I Corinthians 15:3, 1 Peter 2:21-24, John 3:16).
4. We believe that through Adam all men have inherited a sinful nature and we are all under the wrath of God; we are spiritually dead, and are without hope, except for God's mercy. (Romans 5:12, Ephesians 2:1-3, Romans 6:23)
5. We believe that all those who are regenerated by God's Holy Spirit, and who thus repent and believe in Jesus Christ as Savior and Lord, will receive forgiveness of sins, reconciliation to God, and eternal life. This salvation is received apart from any works. Good works do not assist in our salvation, but rather result from our salvation. (John 3:1-8, Luke 13:1-5, Romans 3:21-30, Ephesians 2:8-9)
6. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life. (Galatians 5:22-23)
7. We believe in the resurrection of both the saved and the lost; that those who are in Christ are saved unto the resurrection of life, and those who are outside of Christ are lost unto the resurrection of damnation. (John 5:29, Acts 24:15)
8. We believe that all believers in our Lord Jesus Christ are united in the Body of Christ (John 17:21-23) and are eternally secure in this relationship. (John 10:28, Romans 8:35-39)
9. We believe that children and adolescents should be taught in Christian love. (Hebrews 12:6, Revelation 3:19)
10. We believe that teaching and learning should be accomplished through the cooperative effort of parents and teachers, for the Bible places primary responsibility for the total education of the child on the parents. (Proverbs 22:6, Deuteronomy 6:4-9)

(Please sign below, return one copy and keep one copy for your records.)

Parent's signature:

Father

_____ Date

Mother

_____ Date

GRACE CHRISTIAN ACADEMY

SICK POLICY FOR ALL CHILDREN

In consideration of other children, faculty and staff of GCA, we cannot accept children who are sick, display symptoms of sickness, or have received medication for infections or fever within the last twenty-four (24) hours.

All parents please honor the request of the GCA faculty and staff's request of keeping or picking up your child in case of suspected contagious illnesses.

A child is considered ill if he/she has:

- A temperature greater than 99.5 degrees
- Coughing, sneezing and/or other cold/flu symptoms
- Green nasal discharge
- A rash, ringworm or other contagious illnesses
- Diarrhea or Vomiting
- Inflamed mouth or throat

OR

Other signs associated with contagious diseases. This will disqualify your child from entering their designated classroom. Please respect the discretion of our staff. We care for the safety and well-being of ALL who work here and that are entrusted to us by their parents. Please do the same.

If I have not love, I am nothing.

Parent's Signature

Date

THIS FORM MUST BE SIGNED AND RETURNED TO THE SCHOOL BEFORE YOUR CHILD CAN BEGIN SCHOOL. THIS FORM IS VALID FOR FUTURE YEARS, UNTIL THE STUDENT WITHDRAWS FROM GCA OR IT IS RENEGOTIATED BY EITHER PARTY.

GRACE CHRISTIAN ACADEMY

IN-SCHOOL DISCIPLINARY POLICY

GCA's Disciplinary Policy is based upon mutual respect and a desire for the student to be successful. In the training of children, it is necessary that guidelines be set to establish the limits of acceptable behavior. The atmosphere in which most students learn is one which is orderly, structured, and disciplined.

Each student is responsible to know and to follow the rules of the school. In abiding by the rules, it is not so much the rules, but the attitude toward those rules. Teachers are responsible to clearly and periodically relate the rules to their students. Parents are responsible to be a supportive and conforming force in helping GCA deal with their child/children.

The teachers are responsible to maintain a proper and conducive atmosphere for learning. At times when a student challenges or over step his/her bounds, the teacher will refer that student to the Principal's office.

Student behavior which might demand referral includes, but is not limited to the following:

1. **Disrespectful conversation or deed.** Disrespect to a teacher **will not** be tolerated.
2. **Cheating** of any form whether on a test, homework, or class work. Exchanging of answers on homework, as well as copying information from a book (plagiarism) is considered cheating. A grade of zero will be given.
3. **Profanity.**
4. Classroom **disturbance** including inattentiveness.
5. **Incomplete homework** more than once weekly.
6. **Fighting** and/or inappropriate handling of another student will not be tolerated.
7. **Public display of affection** mainly in the upper elementary grades. Visible distance between members of the opposite sex is mandatory anywhere on campus.
8. **GCA does not tolerate** drug, alcohol or tobacco use, sexual immorality, pornography, profanity, obscenity, in word or action, nor dishonor to the Holy Trinity and the Word of God, either on or off campus.
Disrespect to the personnel or property of the school by students or parents may constitute immediate expulsion of the student.

Students referred to the office will be handled on an individual basis. Consequences will range from loss of privileges (recess time) to parent conferences. If these rules are repeatedly broken, suspension then expulsion will be the next steps.

If you choose to enroll your student in GCA a student handbook will be given with a more detailed discipline policy outlined. Thank you for your consideration of GCA.

Student Signature

Date

Parent Signature

Date

THIS FORM MUST BE SIGNED AND RETURNED TO THE SCHOOL BEFORE YOUR CHILD CAN BEGIN SCHOOL. THIS FORM IS VALID FOR FUTURE YEARS, UNTIL THE STUDENT WITHDRAWS FROM GCA OR IT IS RENEGOTIATED BY EITHER PARTY.

GRACE CHRISTIAN ACADEMY

SCHOOL HONOR CODE

HONOR

"Honor your father and your mother, as the Lord your God has commanded you, that your days may be long and that it may be well with you.

Deuteronomy 5:16

HUMILITY

"Greater love has no one than this, that He lay down His life for His friends."

John 15:13

OBEDIENCE

"Children obey your parents in the Lord, for this is right."

Colossians 3:20

PURITY

"Whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, Whatever is admirable, if anything is excellent or praiseworthy, thing about such things."

Philippians 4:8

THANKFULNESS

"Do everything without complaining or arguing, so that you may become blameless and pure, Children of God."

Philippians 2:14

KINDNESS

"Whoever sows sparingly, will also reap sparingly; and whoever sows generously, Will also reap generously; for God loves a cheerful giver."

2 Corinthians 9:7

DILIGENCE

Let us not grow weary while doing good for in due season we shall reap if we do not lose heart."

Galatians 6:9

SELF-CONTROL

"Do not be overcome by evil, but overcome evil with good."

Romans 12:21

HONESTY

"Keep your tongue from evil and your lips from speaking lies."

Psalms 34:13

GRACE CHRISTIAN ACADEMY

A Commitment to Cooperative Effort Expected of All Parents

As parents at Grace Christian Academy, we will strive, with God's help, to uphold the following standards so that Christ will be honored in this ministry:

1. We will join with the school and the Holy Spirit in helping our children to make a personal commitment to Jesus Christ and subsequently have a growing relationship with Him.
2. We will strive to serve as Christian role models and promote in our children the qualities of love, respect for authority, respect for property, integrity, honesty, purity, proper male and female roles, and a commitment to living by the moral standards of the Bible. This includes a proper marriage relationship between a man and woman as outlined in scripture. Therefore, we will not engage in homosexual relationships and/or a cohabitation of unmarried adults (Romans 1:25-27; Leviticus 20:13; 1 Corinthians 6:9-20).
3. We will seek to resolve conflicts by utilizing the principles outlined in Matthew 18, which specifically states that we should go directly to the individual(s) involved. Likewise, we will keep problems within the school and not resort to external institutions to resolve our conflicts (1 Cor. 6:1-11).
4. We will foster a spirit of love and harmony. *We will abstain from gossip and avoid exhibiting a critical spirit.*
5. We will join with the faculty in promoting good academic training through carefully monitoring our child's academic progress. This would involve being aware of homework, major tests, assignments, and the student's average in all subjects. Assistance should be provided in such a way as to help the student in weak areas while trying to foster personal initiative and responsibility toward schoolwork.
6. We will support the policies and decisions of our school board, administration, and faculty.
7. We will endeavor to assist the school through attendance at special programs and volunteer when our schedule and family time allows.
8. When attending extracurricular activities (i.e., athletic events), we will commit ourselves to exhibiting proper fan behavior by showing respect for officials and visitors.
9. We will seek the advancement of our Christian school spiritually, academically, and physically. We will annually recommit ourselves to the principles of Christian education so that we will be a Christian school and not just a private school.
10. We will meet our financial obligations on time.
11. We will read the applicable student handbooks and support the policies stated herein.
12. We will make a commitment to pray on a regular basis for our school, its students, faculty, administration, and board.
13. This Commitment to Cooperative Effort will be in effect for as long as my children attend Grace Christian Academy.
14. I understand that should my marital status change, it is my responsibility to have a corrected Commitment to Cooperative Effort statement signed and updated and delivered to Grace Christian Academy.
15. I understand that as a parent my child(ren) could be subject to suspension or expulsion if my actions or attitude reflect a disrespect of Biblical standards, a disregard of school policies, or a lack of support of the teachers, administration or school board.

(Please sign below, return one copy and keep one copy for your records.)

Parent's signature:

_____ Father

_____ Date

_____ Mother

_____ Date



REQUEST FOR RECORDS

STUDENT: _____ BIRTHDATE: _____ CURRENT GRADE: _____

SCHOOL LAST ATTENDED: _____

ADDRESS OF LAST SCHOOL ATTENDED: _____

PHONE NUMBER OF SCHOOL LAST ATTENDED: _____

FAX NUMBER OF SCHOOL LAST ATTENDED: _____

Please release all information that you have available regarding the above-named student to the address given below. Please include:

- Academic records
- Immunization Certificate
- Physical Form
- Complete Test Profile
- Attendance Record
- Copy of certified birth certificate
- Psychological evaluations or special testing

Please Send Records To:

Records Administrator
Grace Christian Academy
590 NW Peacock Blvd. Suite #4
Port Saint Lucie, FL 34986

Fax: 772-879-6975
Email: cpolo@gcaslc.org

Thank you.

Parent Signature

GRACE CHRISTIAN ACADEMY

TEACHER RECOMMENDATION FORM

(For Students Entering Grades K-12)

_____ is applying for grade _____ at Grace Christian Academy. Your insight and knowledge of this student will assist us in determining his/her potential success. **All information will be kept in strict confidence.**

Please return this form directly to the school office by mail or fax. ***This form should not be returned to the student or parent.*** Thank you for taking time to complete this evaluation.

ACADEMIC PERFORMANCE	Superior	Good	Average	Below Average	Poor
Language Arts					
Oral Language Skills					
Decoding/Word Attack Skills					
Reading Comprehension Skills					
Writing Skills					
Mathematics					
Math Facts/Computation Skills					
Math Concept Development					
Problem Solving Skills					
Class Participation					
STUDY HABITS	Superior	Good	Average	Below Average	Poor
Motivation/Effort					
Ability to Work Independently					
Completes Work on Time					
Attention Span					
Organizational Skills					
Homework Preparation					
School Attendance					
Listens Carefully to Entire Directions					
Comprehends Directions Rapidly, Given Age Expectations					
PERSONAL CHARACTERISTICS	Superior	Good	Average	Below Average	Poor
Attitude Towards Authority					
Assuming of Responsibility					
Conduct					
Citizenship					
Sense of Humor					
Well-rounded					
Confidence					
Communication Skills					
PEER RELATIONSHIPS	Superior	Good	Average	Below Average	Poor
Ability to Work/Play Well With Others					

Please comment briefly about:

1. Student's greatest strength and/or talents:
2. Special areas that may need to be addressed:
3. Student's emotional and social maturity compared to others in same grade level:
4. Any behavioral/discipline issues:

Has additional tutoring or outside help been recommended for this student? ____ Yes ____ No (If yes, please explain.)

Parent Information:

Cooperation with faculty	____ Always	____ Sometimes	____ Rarely
Expectations for student	____ Realistic	____ Unrealistic	____ Unknown
Participation in student's education	____ Overly involved	____ Appropriately involved	____ Rarely involved

I would recommend this student for admission to Grace Christian Academy's academic program (please check for each below):

	Strongly Recommend	Recommend	Recommend with Reservation	Not at this time
For academic promise	_____	_____	_____	_____
For character and personal promise	_____	_____	_____	_____

Do you have any comments or reservations about this student you feel you should discuss with us? ____ Yes ____ No

If yes, please provide a phone number where we may contact you. _____

Additional comments:

Teacher's Name (please print) _____

School _____ Title/Position _____

Phone _____ Email _____

Teacher's Signature _____ Date _____

**Please mail to Grace Christian Academy, Admissions Office, 590 NW Peacock Blvd. Suite #4, Port St. Lucie, FL 34986
or fax to 772-879-6975.**

GRACE CHRISTIAN ACADEMY
ADMINISTRATIVE EVALUATION
(For Students Entering Grades K-12)

To be Completed by the Principal, Assistant Principal, or School Counselor

Name of Applicant _____ Application for Grade _____

Parental Consent Statement: We understand that the *Administrative Evaluation* is part of the admission application. The information provided is confidential and will be used for Grace Christian Academy admission purposes only.

Parent/Guardian Signature _____ Date _____

Dear Administrator:

The student named above is applying to attend Grace Christian Academy. Your insight and knowledge of this student will assist us in determining his/her potential success. Please return this form directly to the school office by mail or fax. ***This form should not be returned to the student or parent.*** Thank you for taking time to complete this evaluation.

1. Grace Christian Academy is an independent, school with a challenging, Biblically integrated learning environment and is committed to producing students with distinctive Christian character. How would you rate this student's prospect for success in this environment?

_____ Excellent

_____ Above Average

_____ Average

_____ Poor

2. Please comment on any physical, emotional or family conditions that have affected this student's performance or attendance at school.

3. Has this student been disciplined for serious misconduct? _____ Yes _____ No

If yes, please explain _____

4. Please comment on the family's relationship with your school. _____

5. Feel free to make any additional comments that might be useful in determining if Grace Christian Academy is a proper match for this student.

6. Is there any information you would like to discuss by telephone? _____ Yes _____ No

Administrator's Name (please print) _____

School _____ Title/Position _____

Phone _____ Email _____

Administrator's Signature _____ Date _____

Please mail to Grace Christian Academy, Admissions Office, 590 NW Peacock Blvd. Suite #4, Port St. Lucie, FL 34986

or fax to 772-879-6975.

Grace Christian Academy

STUDENT QUESTIONNAIRE

CHILD'S NAME: _____

(Fill out one questionnaire per student. Feel free to get your child's input)

1. How does your child learn the best? Please rank your child's learning styles to the best of your knowledge with: 1 being the best; 2 second best, 3 ..., etc.

____ Listening (i.e., hearing, being read to)

____ Watching (i.e., seeing something done, through multimedia)

____ Doing (i.e., trying something out hands-on for themselves)

____ Asking questions

____ Other _____

2. What are your child's greatest strengths?

3. What are your child's greatest challenges?

4. Rank your goals for your child's personal growth. One (1) being most important

____ Academic

____ Spiritual

____ Social/Emotional

____ Other _____

5. Are you aware of, concerned about, or has your child been evaluated for any of the following? Please describe.

- Learning disabilities?
- Medical History
- Behavioral/emotional/social issues?
- Allergies/diet?
- Other?

6. What are your expectations for your child?

Thank you for taking the time to help us get to know your family and your child better!

GRACE CHRISTIAN ACADEMY

PLEASE FILL OUT SIGN AND RETURN

Child's Name

5-digit security code # or word (for pick-up)

I have read and signed all forms in the Enrollment Packet for my child. I understand that these forms are used to enhance the understanding of our School Policies & Procedures. I agree to abide by the policies and procedures of the school.

**These policies are subject to change at the discretion of
Grace Christian Academy.**

Parent's Signature

Date

**IT IS MANDATORY TO HAVE THIS FORM COMPLETED AND TURNED IN
WITH APPLICATION PACKAGE.**



ALLERGY ALERT



_____ is allergic to:

Grace Christian Academy

APPROVED MEAL/SNACK LIST

Please fill out and return to school

Absolutely **NO CANDY OR SODA** allowed in school. Please send **nutritionally balanced** meals
&/or snacks to school
with your child along with refillable water bottle to keep in class.

Listed below are approved snacks

Juice: Orange, Apple, Pineapple, Tomato, etc.

Yogurt: Cups, Yogurt Bars, GoGurts

Cheese: String Cheese, Sliced Cheese, Baby Bell, etc

Chip: Cheese Puffs, Trail Mix, Rice Cakes, etc

Cereal: Honey Comb, Cheerios, Apple Jacks, Fruit Loops Etc(do not send milk)

Crackers: Ritz, Animal Cookies, Saltine, Pretzel Sticks

Cookies: Vanilla Wafers, Oatmeal, Fig Newton, etc

NO CHOCOLATE PLEASE!!

Please list any allergies your child has or may have

*******If none please list "NONE"**

Parent/Guardian Signature: _____ Date: _____

FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice



Student Data Collection Form

Dear Parent or Guardian:

Every school district in Florida is required to report to the Florida Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the education programs and services to which they are entitled.

The federal government has adopted new standards for collecting and maintaining ethnicity and race data that will allow individuals to more accurately report their origins. As a result of this, you have the opportunity to update the student data for your child. With the new reporting categories, you may now identify your child by ethnic group and by **one or more** racial groups.

Please answer **all** questions below by checking "Yes" or "No" for each of your children.

Question	YES	NO
ETHNICITY		
1. Is the student of Hispanic/Latino origin?		
RACE		
2. Is the student American Indian or Alaska Native?		
3. Is the student Asian?		
4. Is the student Black or African American?		
5. Is the student Native Hawaiian or Other Pacific Islander?		
6. Is the student White?		

Student Name _____ Grade _____

School District Where Private School is Located _____

Name of Private School _____

Parent/Guardian Signature _____ Date _____

GRACE CHRISTIAN ACADEMY

Parent Participation Program

Program Purpose

Grace Christian Academy has been blessed with parents who volunteer their time in support of many different school activities. These volunteers provide assistance to teachers, in the office, in the lunchroom, special events, and in many other areas. This assistance proves to be beneficial to both the students and the parent volunteers. It's a win-win situation!

Program Requirements

The requirements for the program are as follows:

- Per family — 20 volunteer hours in a school year or donate \$200.00.

Parents will be mailed a semi-annual report indicating how many hours they have volunteered to date. Parents who do not meet the requirements by the end of the year will be billed on a prorated basis for the hours not worked. If a family wishes to opt out of the program, they simply donate the amount listed above to meet the program requirements. Hours are also prorated for those who enroll after the beginning of the school year, or who leave before the school year ends.

Tracking Your Work Hours

The following procedures will be used to track each parent's participation hours:

1. The Parent Participation Program binder will be kept in the School Office. Each parent has an individual tracking sheet where he or she can keep record of the number of hours worked, the date and the project.
2. As a Christian group, we trust the parents to record their participation hours honestly and accurately. The hours reported would not be verified unless there is some concern.

Participation Options

What types of participation will qualify for the program? The following is a list of possible activities/functions and the appropriate contact. Please see your child's teacher for suggestions in or for the classroom.

Classroom Volunteer

1. Substitute Teacher
2. Substitute Aide
3. Assist in the classroom
4. Drive on field trips
5. Set-up Parties

Office Volunteer

1. Substitute in the office
2. Assist in the office

Special Events

1. Met's Concession
2. Spaghetti Dinner
3. Walk Event

Lunch Room Volunteer

1. Supervise during Lunch
2. Extended Day Care Substitute

Computers

1. Provide technical assistance

Miscellaneous

1. Library
2. Yearbook
3. Graduation
4. Help at Special Events
5. Homeroom Parent Position
6. School Board Position
7. Repair/Maintenance of School Building

After Hour Jobs

1. Set-up field trips
2. Grade papers
3. Make/cut-out arts and craft supplies
4. Participate in school work day party

Contacts

For questions or information, please contact Marilyn Polo in the school office between the hours of 7:30 am - 4:00 pm.



2024/2025 AFTER CARE ENROLLMENT FORM

NAME OF CHILD: _____

Address: _____

Parent/Guardian: _____

Cell Phone: _____ Work Phone: _____

EMERGENCY CONTACTS NAME AND NUMBERS

Please list below the names and numbers of people that can be called in case of emergency (*when contact with the parent/guardian has failed*) and who are authorized to pick up the child.

Name of Contact	Relationship to Child	Contact Number

Allergies or medical needs: _____

Please read the following before signing and submitting your registration.

After care is \$250.00 per month or \$65.00 per week per child, unless other arrangements have been made with Mrs. Netwig. This payment must be made the Friday before or the Monday of the week the child attends. A late fee of \$5.00 per day will be applied if payment is not received on time.

I wish to pay **Circle One:** Monthly Weekly

The aftercare program will NOT issue refunds/credit for any unused days. All monies once applied are non-refundable. By signing below you agree to pay for aftercare on a weekly or monthly basis as stated on this contract.

Parent/Guardian Signature

Date



2024/2025

BUS TRANSPORTATION REGISTRATION FORM

*Bus Service is **NOT GUARENTEED** until you hear from the Front Office*

Student Name _____

Grade _____

Student Name _____

Grade _____

Student Name _____

Grade _____

Student Name _____

Grade _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Pick Up/Drop Off Address: _____

City: _____ State: _____ Zip Code: _____

Cross Street: _____

In order to adequately plan our route, please indicate your interest. All payment plans begin in August and follow the same payment schedule as the tuition payment schedule of Grace. Payment can be made by cash; credit card; or check. **(Please Circle One)**

Payment Plan: Annual ☐ Semester ☐ Quarterly ☐ Monthly ☐

Discounts: Multiple child discounts are only available per immediate family living in the same household.

Full Service (AM & PM): \$200.00/Month 1st child; \$100.00/Month each additional child

Partial Service (AM OR PM): \$100.00/month 1st child; \$60.00/Month each additional child

Full Service (AM & PM) ☐ Partial Service: AM ONLY ☐ PM ONLY ☐

I understand that upon acceptance into the bus transportation, I am financially committing to bus transportation through Grace Christian Academy for one full academic year. All monies once applied are non-refundable. **Bus Transportation is provided on a first come, first serve basis. *Submitting this form does not guarantee acceptance into the bus transportation program.** Preschool students are not permitted to ride the bus due to the fact that car seats are not available on the bus. I understand that I may cancel my commitment to bus transportation within 10 days of being advised of the route and times for my students. **I must cancel in writing.**

Parent/Guardian Signature _____

Date _____

NOTE: *Transportation is covered by scholarship ONLY if there are enough funds.

Office Use Only: ☐ Finance Office Updated ☐ Transportation List Updated ☐