



Dear Parents,

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.

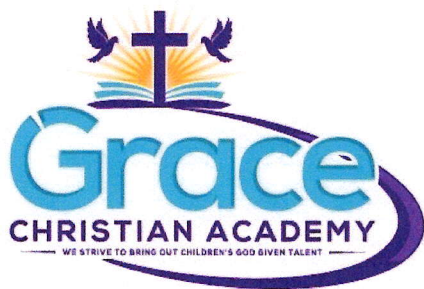
We endeavor to discover God's truth and character in every stage of learning and strive to provide academic excellence through a Christ-centered education. We seek to teach children by example how to conduct themselves in a Christ-like way as well as equip them with the tools to honor God through service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

STUDENT INFORMATION

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:

<u>School</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Dates</u>	<u>Grades</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Emergency Contact and Medical Information for Student

Student's Name

Date of Birth

M _____ F _____

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 Cell Phone

(____) _____ (____) _____
Home 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

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

***Court Appearances:** If for any reason an employee shall be subpoenaed by any family enrolled or previously enrolled, their testimony will be completed by deposition only.

Your signature below indicates, I will take full responsibility for payment of all medical services which might be rendered due to any emergency that may arise at Grace Christian Academy Saint Lucie County, Inc and that the information in this enrollment packet is complete and accurate. I hereby grant permission for the staff of the facility to have access to my child's record.

Parent's Signature

Administrator's Signature



SCHOOL HOURS:

Open: 7:00 am

Special Needs: 7:30 am – 3:00 pm

Class Starts: 8:00 am

Lunch Starts: 11:00 am - 1:15 pm

Class Ends: 3:00 pm

Aftercare: 3:15 pm – 5:30 pm

Office Closes: 4:30 pm



GCA SCHOOL UNIFORM



Polo Shirt Colors:

Any color collard shirt except for **BLACK**

(All shirts must be tucked in)

Pants/Shorts/Skorts/Skirts:

Khaki, Navy and Black (Belts are required)

(Please make sure that the shorts, skorts and skirts are fingertip length)

GCA LOGO

Burns Embroidery INC- 772-807-5775

1984 SW Bayshore Blvd, Port St. Lucie FL 34984

GRACE CHRISTIAN ACADEMY

ENROLLMENT AND TUITION CONTRACT

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 at Grace Christian Academy (GCA) for the school year of _____ and do certify to the following:

1. We have read, understand and agree with the Statement of Faith and agree to have our child(ren) instructed from this 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 and will pay all tuition and fees as stated on this schedule. (Monthly payments are due on the 1st of each month, beginning August 1. Report cards/final grades will not be released if monthly payments and/or fees are not paid up to date.)

It is further understood and agreed that upon our failure to comply with the terms of this contract with GCA, GCA at its option, shall notify the 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 above, 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 a student's final grades and/or report card will be released to the parent or to 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.

3. That I will endorse all scholarship checks in a timely manner (within 3 days of being notified) for the four (4) installment checks that will be mailed to the school for my child.
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 will comply with all rules and regulations as set forth in the Student/Parent 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 other 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 of the participation in such activities or the use of such facilities.

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 the enrollment fee, materials fee or tuition paid for the first semester will be refunded).

******PLEASE INITIAL YOUR CHOICE FOR TUITION PAYMENT******

- _____ Tuition Paid in Full
- _____ 2 Payments (August 1 and January 1)
- _____ Monthly Payment Plan **(due the 1st of each month) (\$30.00 late fee if paid after 10th of the month)**
- _____ McKay Scholarship Payments **(must be signed within 5 days of school receiving checks)**
- _____ SUFS Scholarship Payments **(must be signed within 5 days of school receiving checks)**

If payment plans are different for individual students, please explain below:

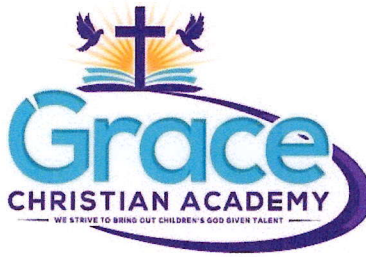
Parent's signatures:

Father _____ SSN _____ Date _____

Mother _____ SSN _____ Date _____

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

It must be signed by both parents and returned for the (re)enrollment to be official.



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:

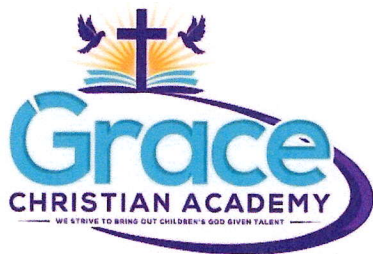
- Academic records
- Immunization Certificate
- Physical Form
- Complete Test Profile
- Attendance Record
- Copy of certified birth certificate
- Psychological evaluations or special testing

Please Send Records To:

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

Thank you.

Parent Signature



Bus Transportation Registration Form

Registration must be received by August 1st to guarantee bus service on the first day of school.

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Parent/Guardian _____ Home Phone _____

Cell Phone _____ Work Phone _____

Pick Up/Drop-Off Address _____

City _____ Zip Code _____

Neighborhood/Subdivision _____

Cross Street _____

In order to adequately plan our route, please indicate your interest. All payment plans begin September 1st and follow the same payment schedule as the tuition payment schedule for Grace. **Applications must be received two weeks prior to the first day of bus transportation service.**

Payment Plan: ☐ Annual ☐ Semester ☐ Quarterly ☐ Monthly

Full Service (AM & PM): \$250.00/month 1st child

Partial Service (AM **Or PM):** \$125.00/month 1st

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. Refunds will be considered through written appeal to the School Board. **Bus transportation is provided on a first come, first serve basis** and we are limited on space. Submitting this form does not guarantee acceptance into the bus transportation program. Preschoolers are NOT permitted to ride the bus due to the fact that there are no seat belts 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 student(s). I must cancel in writing. I understand that my child will need to be at the bus stop 5 minutes before the scheduled time.

Parent/Guardian Signature

Date: _____

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

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 _____

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: _____

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; I 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 (I 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

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

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

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

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

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

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 for the classroom.

Volunteer

1. Join the PTO
2. Write a Favorable Review Online for GCA
3. Drive on field trips
4. Set-up Parties

Special Events

1. Spaghetti Dinner
2. 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. 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.

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 _____

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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

