

Date Received:
Check #
Amount:



GRACE RIVER ACADEMY

Enrollment Form

Grace River Academy exists to provide a classical, Christian education by restoring academic excellence based on God's truth. Students will know their God, know His Word, and know His purposes, transforming their lives spiritual, academically, physically, and emotionally; thus, preparing them to impact their world for Christ.

Student's Full Name: _____ **Nickname:** _____

Date of Birth: ___/___/___ Street Address: _____

City: _____ Zip Code: _____ Home Phone: (____) ____ - ____ Age: _____ Sex: M F

Father/Male Guardian's Full Name: _____

Cell: (____) ____ - ____ Work: (____) ____ - ____ Email: _____

Employer: _____ Father's SSN: _____

Mother/Female Guardian's Full Name: _____

Cell: (____) ____ - ____ Work: (____) ____ - ____ Email: _____

Employer: _____ Mother's SSN: _____

If parents are separated or divorced, with whom does the child live? _____

If divorced and would like mail to go to additional address, please list below:

Name: _____ Street Address: _____

City: _____ Zip Code: _____

Legal status of child's custody: _____

If there are any legal situations that we need to be aware of please state below (You MUST attach a copy of court

instructions). _____

Names of relatives, friends, or otherwise responsible persons to contact if parents cannot be reached in the event of an emergency:

1. Name: _____ Relationship: _____

Cell: (____) ____ - ____ Work: (____) ____ - ____ Other: (____) ____ - ____

2. Name: _____ Relationship: _____

Cell: (____) ____ - ____ Work: (____) ____ - ____ Other: (____) ____ - ____

Who is authorized to pick up your child? This list must include the two names mentioned above.

Who is NOT authorized to pick up your child? If a name on this list pertains to a custody agreement, we must have a copy of such documentation for your child's record.

Physician's name: _____ Phone: (____) ____ - ____

Does your child have Physical/Learning Difficulties? If so, please state. _____

Does your child have chronic illness? If so, please state. _____

Is your child on any prescribed medications? Yes No

Do these medications need to be administered during the school day? If so, must attach a "Permission to Administer Medication" form. Yes, required form is attached No

Insurance Company: _____

Policy Number: _____ Group Number: _____

Hospital Preferred: _____

Grace River Academy agrees to notify parent or otherwise responsible party named above, whenever this child becomes ill, and the parent/guardian agrees to pick up child thereafter as outlined in the Parent/Student Handbook. I/we authorize the school to obtain immediate medical treatment if an emergency occurs when parents cannot be located immediately. I/we certify that we have been given, read, understand, and agree to the Parent/Student Handbook in whole, including Grace River Academy's Statement of Faith and Mission.

Child's Name

Father/Male Guardian Signed

Date

Mother/Female Guardian Signed

Date

Admin Signed

Date

Date admitted: ___/___/___ Date Withdrawn: ___/___/___

Registration fee of \$50.00 enclosed (before April 1)

Registration fee of \$100.00 enclosed (after April 1)