



The Christian School of Grace Baptist Church  
777 West North Street, Carlisle, PA 17013  
Phone (717) 243-8820

e-mail: [gbcshool@gbcscarlisle.org](mailto:gbcshool@gbcscarlisle.org) [www.gbcscarlisle.org](http://www.gbcscarlisle.org)

## Student Application

### Student Information

Student's Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Gender  male  female S.S. # \_\_\_\_\_

Grade expected to enter \_\_\_\_\_ For school year \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

Phone \_\_\_\_\_

*Please check box of parent with whom student resides.*

**Father** What title format do you prefer? e.g. Mr., Dr., Col, etc. \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
street city state zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ e-mail \_\_\_\_\_

Employer \_\_\_\_\_ Business phone \_\_\_\_\_

**Mother** What title format do you prefer? e.g. Miss., Mrs., Col, etc. \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
street city state zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ e-mail \_\_\_\_\_

Employer \_\_\_\_\_ Business phone \_\_\_\_\_

**Siblings:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Date of Birth Date of Birth Date of Birth

### Marital Status

- Single  Married  Widowed  
 Divorced  Separated

**School District of Residence:** \_\_\_\_\_

Do you request district bussing?     Yes     No

**Education**

Current School \_\_\_\_\_  
Current Grade \_\_\_\_\_

**Health Records**

A copy of immunization records is required.  
Kindergarten students must show birth certificate.  
All students on original entry (Kindergarten and students new to Pennsylvania) must have an examination and submit completed Private Physician's Report.  
All 6th graders must have an examination and complete Private Physician's Report.  
All students entering grades 1, 3 and 7 must have a dental exam and submit a Dentist Report.

**Church our family attends** \_\_\_\_\_

**Fees**

A one time \$100.00 registration fee per family is required.  
Ten tuition payments are due the fifteenth day of each month from August through May.  
If the entire year's tuition is paid by August 1st, a 2% discount applies.  
\$50.00 Sports Fee per student per sport per year

**Please list the aspects of our school which appeal to you most in considering enrollment.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In making application for the admission of the above name child, we declare the following:**

We have acquainted ourselves fully with the program and policies of the school and we will cooperate with the administrative, educational and financial policies of the school.

We agree that our child(ren) may be held subject to the rules and regulations of Christian discipline as practiced by this school.

Father's Signature \_\_\_\_\_ date

Mother's Signature \_\_\_\_\_ date