

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

e-mail: gbcschool@gbcscarlisle.org www.gbcscarlisle.org

Student Application

Student Information

	Studen	l S Marrie			
		First	Middle	Last	
	Date of	Birth	Gender 🗆 male 🗆 f	emale S.S. #	
	Grade expected to enter		For school year		
	Addres				
	Phone	Street	City	State Zip	
🗆 Fa	ather Name		box of parent with who t do you prefer? e.g. Mr		
		First	Middle	Last	
	Addres	S street	city	state zip	
	Home F	hone	Cell	e-mail	-
	Employ	ver	Bus	siness phone	
□ M(Employ other Name	What title forma	t do you prefer? e.g. Mis	ss., Mrs., Col, etc <u>.</u>	
□ M(other <u>Name</u>	What title forma			
□ M(other	What title forma	t do you prefer? e.g. Mis	ss., Mrs., Col, etc <u>.</u>	
□ M(other <u>Name</u>	What title forma First S Street	t do you prefer? e.g. Mis	ss., Mrs., Col, etc <u>.</u>	
□ M (other <u>Name</u> Addres	What title forma First S Street Phone	t do you prefer? e.g. Mis Middle City Cell	Last	
□ M (other <u>Name</u> Addres Home F	What title forma First S Street Phone	t do you prefer? e.g. Mis Middle City Cell	Ss., Mrs., Col, etc <u>.</u> Last State Zip e-mail	
□ Me	other Name Addres Home F Employ	What title forma First S Street Phone	t do you prefer? e.g. Mis Middle City Cell	Ss., Mrs., Col, etc <u>.</u> Last State Zip e-mail	
	other Name Addres Home F Employ	What title forma First S Street Phone 1	t do you prefer? e.g. Mis Middle City Cell Bus2	Ss., Mrs., Col, etc. Last State Zip e-mail Siness phone 33	
Sibling	other Name Addres Home F Employ	What title forma First S Street Phone	t do you prefer? e.g. Mis Middle City Cell Bus2	SS., Mrs., Col, etc. Last State Zip e-mail Siness phone 33	e of Birth

Student Application

School District of Residence:

Do you request district bussing?	🗆 Yes	🗆 No
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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 <u>per family</u> 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