



*Georgia Mountains Christian Academy*  
*Application for Admission*  
**2008-2009**



Date Applied: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

How were you referred to Georgia Mountains Christian Academy? \_\_\_\_\_  
 If referred by a family currently enrolled in our school, please list their name: \_\_\_\_\_

**STUDENT REGISTRATION**

Full Legal Name: \_\_\_\_\_

Last	First	Middle	Name Called By
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Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: MALE FEMALE Age: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Ethnic Background (Optional): \_\_\_\_\_

Who will be responsible for paying the tuition and fees for this applicant?  
 \_\_\_\_\_

To what address should the tuition statements and other important mailings be sent?  
 \_\_\_\_\_

**PARENT INFORMATION**

Father's Name: \_\_\_\_\_ Mailing Address (If different): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mailing Address(If different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do the applicant's parents live together? YES NO  
 If not, who has legal custody? \_\_\_\_\_

**(Please provide a copy of the court order describing the child custody arrangements.)**

What church does your family attend? \_\_\_\_\_

What is the address and phone number of the church? \_\_\_\_\_



## EMERGENCY CONTACT INFORMATION

In the event that the parents/guardians cannot be reached, please name three other responsible adults that we should contact to care for the applicant.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## TRANSPORTATION

Who will usually pick up your child at school? \_\_\_\_\_

Vehicle 1 (Color, Make, Model): \_\_\_\_\_

Vehicle 2 (Color Make, Model): \_\_\_\_\_

Other people who are authorized to pick up the applicant:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## MEDICAL INFORMATION

Does the applicant have any allergies or other medical conditions about which we should know in order to care for your child?  Yes  No

Does the applicant have any special needs that may affect his or her learning in the classroom, such as a learning disability?  Yes  No  
(If yes, please include a copy of any testing that has been done.)

Has the applicant currently or previously consulted with a counselor, psychologist, or psychiatrist?  Yes  No

Does the applicant have any physical limitations that may affect his or her participation on campus, such as physical education, recess or any other type of physical activity?  Yes  No

If you answered "yes" to any of the questions above, please explain: \_\_\_\_\_

Name of Applicant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## AFTER SCHOOL CARE

Yes     No    My K-3/K-4 student needs after school care until  
 3:30                       4:30                       5:30  
(See the financial information brochure for pricing details!)

Yes     No    My K-5 through 8<sup>th</sup> grade student needs after school care until  
 4:30                       5:30  
(See the financial information brochure for pricing details!)

## UNDERSTANDINGS AND PERMISSIONS

Please read each of the following statements. Check "yes" to indicate that you have read the statement and accept it. Check "no" to indicate that you do not accept the statement.

Yes     No    **AUTHORITY OF SCHOOL POLICY:** I agree to be bound by the policies and procedures established by the Board of Directors and Administration of Georgia Mountains Christian Academy.

Yes     No    **PERMISSION TO GIVE OVER-THE-COUNTER MEDICATION:** Georgia Mountains Christian Academy, acting through its employees, has permission to give my child basic medicines for pain relief (i.e. Tylenol or similar medications) and upset digestive tracts (i.e. Pepto Bismol, Tums, or similar medications) as requested by the student and deemed appropriate by the school.

Yes     No    **FEVER:** If my child is sent home with a fever or has a fever, I understand that my child is not permitted to attend school for at least 24 hours.

Yes     No    **RELEASE FOR USE OF IMAGE/VOICE:** Georgia Mountains Christian Academy, acting through its employees and students, has permission to use my child's likeness (in photographs, video, etc.), name, and voice publicly for academic, professional, publicity and other school-related purposes. These uses may include, but are not limited to, the school yearbook, website, presentations, newspaper and radio advertisements, and articles.

Yes     No    **ADMISSIONS PROCESS:** I understand that all admissions to K-5 and all admissions to grades 1<sup>st</sup> through 8<sup>th</sup> from outside Georgia Mountains Christian Academy require a placement test to determine grade level based on our curriculum. All new applicants will be required to interview with the administration prior to admission.

Yes     No    **AGE REQUIREMENTS:** I understand that students must meet the following age requirements before admission to K-3, K-4, or K-5.  
Students entering K-3 must be toilet trained and age 3 before September 1, 2008.  
Students entering K-4 must be toilet trained and age 4 before September 1, 2008.  
Students entering K-5 must be toilet trained and age 5 before September 1, 2008.

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

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date