



2438 E. Cherry St. • Springfield, MO 65802 • Phone: 417-877-7910 • Fax: 417-866-8409 • www.graceclassical.org

STUDENT APPLICATION FOR ADMISSION

Date: _____

APPLICANT:

Last Name _____ First _____ Middle _____

Preferred Name _____

Address: _____

Date of Birth _____ SS# _____

Anticipated grade level when entering GCA _____

Father/Guardian's Name: _____

Relationship to the student: _____

Marital Status: () Married () Single () Divorced () Separated () Widowed

Address (if different from above): _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Employer _____ Position _____

Custodial Rights? _____ Receive Correspondence? _____ Financial Responsibility? _____

Mother/Guardian's Name: _____

Relationship to the student: _____

Marital Status: () Married () Single () Divorced () Separated () Widowed

Home Address (if different from above): _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Employer: _____ **Position:** _____

Custodial Rights? _____ **Receive Correspondence?** _____ **Financial Responsibility?** _____

The applicant lives with: () Both () Father () Mother () Other _____

Emergency contacts other than parents:

First Contact Name _____ **Phone** _____

Second Contact Name _____ **Phone** _____

Family Doctor _____ **Phone** _____

Hospital of Choice _____

Sibling's Names and Ages:

Church Affiliation:

Name _____ **Address** _____

Applicant attends church regularly? **Parents attend church regularly?**

Schools Attended:

Name _____ **Address** _____

Grades attended _____

Name _____ **Address** _____

Grades attended _____

Name _____ **Address** _____

Grades attended _____

Has applicant ever been referred for testing or placed in a special program? _____

Has applicant ever repeated a grade for any reason? _____

Has applicant ever received any special honors or awards? _____

Has applicant ever been suspended or expelled from a previous school? If yes, please explain.

Has applicant ever seen a counselor/doctor/psychiatrist for any type of social/behavioral/or mental problem? _____

Has applicant ever been examined or treated by a counselor/doctor/psychiatrist for hyperactivity or attention deficit disorder? _____

Please list any medications your child is currently taking. _____

Has applicant ever been advised to be or been tested for dyslexia? _____

What do you see as the applicant's strengths? _____

What do you see as applicant's weaknesses? _____

References: Please list a pastor, teacher, and family friend who know you well. Do not list relatives.

Pastor _____ **Address** _____ **Phone** _____

Teacher _____ **Address** _____ **Phone** _____

Friend _____ **Address** _____ **Phone** _____

Have you read the GCA Parent/Student Handbook?

Do you agree to cooperate with and support the guidelines in the Parent/Student Handbook?

Parents'/Guardians' Signature: Father _____

Mother _____

Date _____