



**PERSONS TO BE CONTACTED AND PERMITTED TO REMOVE CHILD IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY, IF THE PARENT OR GUARDIAN CANNOT BE REACHED.**

Name: \_\_\_\_\_ Phone # while student is on campus: \_\_\_\_\_

Relationship to the student? \_\_\_\_\_

Name: \_\_\_\_\_ Phone # while student is on campus: \_\_\_\_\_

Relationship to the student? \_\_\_\_\_

**OTHER PERSONS AUTHORIZED BY PARENT OR GUARDIAN TO TAKE THE CHILD FROM THE FACILITY.**

Name: \_\_\_\_\_ Phone # while student is on campus: \_\_\_\_\_

Relationship to the student? \_\_\_\_\_

Name: \_\_\_\_\_ Phone # while student is on campus: \_\_\_\_\_

Relationship to the student? \_\_\_\_\_

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**MEDICAL**

List by name of child any pertinent medical or other data of which the school needs to be aware including whether HIV positive. \_\_\_\_\_

List by name of child: Food allergies \_\_\_\_\_

Behavioral concerns \_\_\_\_\_

Is there a medical reason why your child cannot participate in physical education? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

We must have a doctor's verification on file before your child will be excused from physical education activities.

Family physician's name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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**ACADEMIC**

Name of previous school: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Any other school or group experience? Yes \_\_\_\_ No \_\_\_\_

If yes, list the school or group experience \_\_\_\_\_

Has your child ever been: suspended \_\_\_\_ expelled \_\_\_\_ asked to withdraw \_\_\_\_ ?

Last grade attended: \_\_\_\_\_

Why is your child being withdrawn from his/her present school? \_\_\_\_\_

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**GENERAL**

To better serve our school families and community, please complete the following questionnaire.

Are there any languages other than English spoken in your home? \_\_\_\_ What language? \_\_\_\_\_

By whom? \_\_\_\_\_ Does your child speak or understand the language? \_\_\_\_\_

Is your child generally quiet or talkative at home? \_\_\_\_\_

What members of the family exercise discipline? \_\_\_\_\_

What methods of discipline are most effective? \_\_\_\_\_

How did you hear about Gateway Christian Academy?

family name: \_\_\_\_\_  church  newspaper  other: \_\_\_\_\_

What were the main reasons that attracted you to Gateway Christian Academy?

\_\_\_\_\_

Is it your intention to have the student graduate from Gateway Christian Academy?  Yes  No

If no, please explain. \_\_\_\_\_

Are you a member of Gateway Church? \_\_\_\_\_ If so, what ministries are you involved in? \_\_\_\_\_

\_\_\_\_\_

If you are NOT a member of Gateway Church, what local congregation do you attend? \_\_\_\_\_

How are you involved in church ministry? \_\_\_\_\_

\_\_\_\_\_

Do you hold any leadership positions in your local church? \_\_\_\_\_

\_\_\_\_\_

Does your child regularly attend Sunday School? Yes \_\_\_\_ No \_\_\_\_ If so, where?

\_\_\_\_\_

If you were referred to our school by one of our school families, please list their name below:

(Please also complete the "Student Recommendation Coupon" to ensure the referring family receives credit.)

**CONTRACT OF ENROLLMENT**

In making application for my child to attend Gateway Christian Academy I agree to:

- Recognize and embrace my role as the primary educator of my child.
- Participate in parenting workshops provided by Gateway Christian Academy.
- Attend all conferences scheduled with any member of Gateway Christian Academy staff.
- Participate in the Parent Volunteer Program.
- Purchase uniforms for my child from Gateway Christian Academy's approved supplier.
- Participate in Parent/Teacher Fellowship (PTF).
- Support the spiritual, moral, dress, and disciplinary standards of the school as outlined in the Parent & Student Handbook.
- Be actively involved in any corrective measures necessary for the discipline of my child.

I AM AWARE THAT THE REGISTRATION FEE WHICH ACCOMPANIES THIS APPLICATION AND THE TESTING FEE(S) ARE NON-REFUNDABLE and that students will not be allowed to attend classes unless tuition is paid by stated deadlines.

If my child is accepted, I agree:

- To assume the responsibility for my child's education by supervising assigned homework and keeping in regular contact with my child's teacher.
- That the school is not responsible for damage to or loss of personal belongings.

If, in the opinion of the Emergency Medical Services personnel/properly licensed and practicing physician, my child needs medical or surgical services which require my consent and I cannot be reached, I hereby authorize, appoint, and empower the Principal, or his/her designee, to furnish on my behalf such written or oral authorization as may be required. In giving such consent, I release the Principal, or his/her designee, Gateway Christian Academy and Gateway Church from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as is reasonably possible after the need arises. I hereby empower the principal or designee to provide on my behalf written or oral authorization as may be necessary. I release Gateway Christian Academy its Principal or designee, and Gateway Church from any liability which might arise from this authorization. I will not send my child to school if he/she is ill, so as to prevent illness from spreading to other students.