

I give my permission for my child to take part in all school activities, including school sponsored trips from the school premises, and absolve Gateway from liability to me or my child because of any injury to my child at school or during any school activities except for such injuries resulting from the intentional acts or gross negligence of any staff or chaperone.

- I understand that my child will participate in many varied learning activities while attending Gateway Christian Academy, including daily Bible lessons, prayers and character building stories, and that the curricula is Bible-centered.
- I give my permission for my child to appear in school promotional photographs and videos if selected.
- **Mandatory Uniforms:** A higher standard of dress encourages greater respect for individual students and others, and results in a higher standard of behavior. The dress code guidelines indicate appropriate school dress for normal school days.
- I give my permission to Gateway Christian Academy for my child to participate in activities anywhere on the property of Gateway Church.
- I authorize my child to ride any authorized vehicle to school activities or field trips.
- I am aware that tuition payments must be paid regardless of holiday or illness.
- I am aware that weekly tuition payments are due **IN ADVANCE EACH FRIDAY** and that monthly payments are to be paid in advance of the 1st of each month. Any payment received after noon on Mondays or the 3rd of the month will be considered delinquent and will automatically be assessed a late fee.
- I must notify Gateway if anyone other than the persons previously listed are to pick-up my child. For my child's protection, HE/SHE WILL NOT be released to unauthorized persons. Identification will be required.
- I agree to adhere to the **DISCIPLINE POLICIES** stated in the Parent & Student Handbook.
- I understand that the Admissions Committee reserves the right to accept or reject this application. If accepted, my child may be dismissed at any time for poor academic performance or inappropriate behavior or my failure to fulfill my contractual obligation to Gateway and my child or any other reason the administration deems necessary, regardless of this application or payment of fees.

MEDICAL RELEASE AND INSURANCE INFORMATION

Family Physician Name: _____

Phone #: _____

Allergies: _____

Date of last DTP: _____

Name of health insurance carrier: _____

Policy Number _____ Expiration Date: _____

My signature below indicates that I have read, understood, and agree to abide by the policies of this Contract of Enrollment.

Signature of Parent/Legal Guardian

Signature of person other than Parent/Legal Guardian
Responsible for paying Tuition and other charges

STATE OF FLORIDA
COUNTY OF BROWARD

Before me personally appeared _____ to me either well known and/or known to be the person described (verified by the correct identification) and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____ A.D. _____

Notary Public

APPLICATION IS INCOMPLETE WITHOUT SIGNATURES AS INDICATED ABOVE, PAYMENT OF REGISTRATION FEE, CHURCH REFERENCE LETTER, ALL REQUIRED PAPERWORK AND UPDATED ORIGINAL HEALTH FORMS.

GATEWAY CHRISTIAN ACADEMY



Office Use Only	
Date Application Received: _____	Verified: _____ New/Returning: _____
Grade Level: _____	Sch. Year: _____
STUDENT I.D.#	

Certified and Accredited By: ILCS/FLOCS

Bishop Dr. Preston Williams II, Senior Pastor

**APPLICATION FOR ADMISSION
PRESCHOOL**

STUDENT INFORMATION SECTION

PLEASE PRINT

Child Last Name: _____ First Name: _____ M/I: _____

Social Security Number: _____

Male/Female: _____ Birth Date: _____ Grade entering: _____

Lives with natural parent (Y/N): _____ Church Affiliation: _____

Child Last Name: _____ First Name: _____ M/I: _____

Social Security Number: _____

Male/Female: _____ Birth Date: _____ Grade entering: _____

Lives with natural parent (Y/N): _____ Church Affiliation: _____

The following information should be given for the Parents, Step-Parents, Foster Parents, with whom the student resides

MOTHER

Last Name: _____ First Name: _____ M/I: _____

Home Address _____ (City) _____ (State) _____ (Zip) _____

(Tel.) _____ (Cellphone) _____ (E-mail) _____

Place of Employment _____ (Tel.) _____

The following information should be given for the Parents, Step-Parents, Foster Parents, with whom the student resides

FATHER

Last Name: _____ First Name: _____ M/I: _____

Home Address _____ (City) _____ (State) _____ (Zip) _____

(Tel.) _____ (Cellphone) _____ (E-mail) _____

Place of Employment _____ (Tel.) _____

The following information should be given for the Parents, Step-Parents, Foster Parents, with whom the student resides

GUARDIAN

Last Name: _____ First Name: _____ M/I: _____

Home Address _____ (City) _____ (State) _____ (Zip) _____

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? _____ Address: _____ City _____ Zip Code _____

Name: _____ Phone # while student is on campus: _____
Relationship to the student? _____ Address: _____ City _____ Zip Code _____

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? _____ Address: _____ City _____ Zip Code _____

Name: _____ Phone # while student is on campus: _____
Relationship to the student? _____ Address: _____ City _____ Zip Code _____

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: _____

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? _____

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, academic, 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 and development of my child.

I AM AWARE THAT THE REGISTRATION FEE WHICH ACCOMPANIES THIS APPLICATION IS 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 being actively involved academically, 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.



Office Use Only

Date Application Received: _____

Verified: _____ New/Returning: _____

Grade Level: _____ Sch. Year: _____

STUDENT I.D.#

Certified and Accredited By: ILCS/FLOCS

Bishop Dr. Preston Williams II, Senior Pastor

APPLICATION FOR ADMISSION ELEMENTARY

STUDENT INFORMATION SECTION

PLEASE PRINT

STUDENT

Last Name: _____ First Name: _____ M/I: _____

Social Security Number _____

Male/Female: _____ Birth Date: _____ Grade entering: _____

Lives with natural parent (Y/N): _____ Church Affiliation: _____

Last Name: _____ First Name: _____ M/I: _____

Social Security Number _____

Male/Female: _____ Birth Date: _____ Grade entering: _____

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The following information should be given for the Parents, Step-Parents, Foster Parents, with whom the student resides

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Last Name: _____ First Name: _____ M/I: _____

Home Address _____ (City) _____ (State) _____ (Zip) _____

(Tel.) _____ (Cellphone) _____ (E-mail) _____

Place of Employment _____ (Tel.) _____

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Place of Employment _____ (Tel.) _____

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Last Name: _____ First Name: _____ M/I: _____

Home Address _____ (City) _____ (State) _____ (Zip) _____

(Tel.) _____ (Cellphone) _____ (E-mail) _____

Place of Employment _____ (Tel.) _____

If parents are divorced or separated, who has legal custody of student? _____

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: _____
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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.

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Name of health insurance carrier: _____

Policy Number _____ **Expiration Date:** _____

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Signature of Parent/Legal Guardian

Signature of person other than Parent/Legal Guardian
Responsible for paying Tuition and other charges

**STATE OF FLORIDA
COUNTY OF BROWARD**

Before me personally appeared _____ to me either well known and/or known to be the person described (verified by the correct identification) and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____ A.D. _____.

Notary Public

APPLICATION IS INCOMPLETE WITHOUT SIGNATURES AS INDICATED ABOVE, PAYMENT OF REGISTRATION FEE, CHURCH REFERENCE LETTER, ALL REQUIRED PAPERWORK AND UPDATED ORIGINAL HEALTH FORMS.