



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

*Certified and Accredited By: ILCS/FLOCS*  
 Bishop Dr. Preston Williams II, Senior Pastor  
**APPLICATION FOR ADMISSION**  
**PRESCHOOL**  
**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: \_\_\_\_\_  
 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) \_\_\_\_\_  
 (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: \_\_\_\_\_  
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  internet  other: \_\_\_\_\_

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

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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.

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 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 agree to be financially responsible for any and all Medical Expenses or costs that are incurred in treating my child for illness or injury when said illness or injury may arise while my child is on the premises of or in the custody of Gateway Christian Academy and or Gateway Church.
- In the event of an emergency that requires the school to vacate the building, I understand that my child will be taken to a safe area on or off the campus. Once all children are settled, school personnel will contact me to pick up my child immediately. If the building is inaccessible, it will be impossible to properly care for students for an extended period of time. Therefore, I agree to arrive immediately.
- 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 Gateway 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

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