



# Grand Island Christian School

1804 W. State St., Grand Island, NE 68803  
308-384-2755 Fax 308-389-3286 Web www.gichristian.org

## APPLICATION FORM

### OFFICE USE ONLY

**A non-refundable registration fee of  
\$75 must accompany this application.**

Date Received \_\_\_\_\_

Amount Paid \_\_\_\_\_

Tuition Total \_\_\_\_\_

Entrance Date \_\_\_\_\_

## STUDENT INFORMATION

Name of Student		Date of Birth		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Circle Grade Applying For		Student Attends Church?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
K5 1 2 3 4 5 6 7 8		Where?			
Home Address		Home Phone		<input type="checkbox"/> Listed	<input type="checkbox"/> Unlisted
City	State	Zip	Home E-mail		
Student Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father					
<input type="checkbox"/> Guardian _____					

## FAMILY INFORMATION

Brother(s) and/or Sister(s) Names	Age	Grade	School Attending



## EDUCATIONAL BACKGROUND

List schools student has attended in the past:

School Name	Grade Attended	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

## STUDENT PROFILE (PLEASE COMMENT)

Student Name \_\_\_\_\_

Answer Yes or No to the following questions:

Has student repeated a grade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Received tutoring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participated in a special learning program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participated in a talented and gifted program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Received special honors and/or awards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Experienced learning difficulties in Reading?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Experienced learning difficulties in Math?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Experienced discipline problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ever been suspended from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please comment about any of your responses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educational maturity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social maturity and personality: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# PERMISSION AGREEMENT

Student Name: \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

## 1. MEDIA AGREEMENT

I grant permission for my child to be included in any photos Grand Island Christian School may use for school newsletters, yearbooks, promotions, school website, etc.

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

## 2. SCHOOL DIRECTORY AGREEMENT

I grant permission for my child's name, address, phone number, and email address to be included in the Student Directory that will be given to all families.

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

## 3. FIELD TRIP AGREEMENT

I grant permission for my child to attend all activities during the school year. Parents will be notified before students are taken off the school grounds.

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

## 4. CHILD PICK-UP AUTHORIZATION

Please list the people who are authorized to pick up your child (please print)

_____	_____
_____	_____
_____	_____
_____	_____

Please list anyone who is specifically **not** allowed to pick up your child

_____	_____
_____	_____

# FAMILY ENROLLMENT AGREEMENT

## STATEMENT OF FAITH

- 1 We believe in the Scriptures of the Old and New Testaments as verbally inspired of God, and inerrant in the original writings and that they are of supreme and final authority in faith and life.
- 2 We believe in one God, eternally existing in three persons: Father, Son and Holy Spirit.
- 3 We believe that Jesus was begotten by the Holy Spirit and born of the virgin Mary and is the only true God and true man.
- 4 We believe that man was created in the image of God, that he sinned and thereby incurred not only physical death, but also spiritual death which is separation from God, and that all human beings are born with a sinful nature and are sinners in thought, word, and deed.
- 5 We believe that the Lord Jesus Christ died for our sins according to the Scriptures as a representative and substitutionary sacrifice and that whoever believes in Him is justified on the basis of His shed blood. We believe that Jesus is "The Way, the Truth, and the Life; no one comes to the Father, except through Me." (John 14:6)
- 6 We believe in the literal bodily resurrection of the crucified body of our Lord, in His ascension into heaven, and His life there for us as High Priest Advocate.
- 7 We believe in the spiritual unity of believers in our Lord Jesus Christ.
- 8 We believe in "That Blessed Hope", the personal and imminent return of our Lord and Savior, Jesus Christ.
- 9 We believe that all who receive the Lord Jesus Christ by faith are born again of the Holy Spirit.
- 10 We believe in the bodily resurrection of the just unto everlasting life in heaven, and of the unjust unto everlasting separation from God in hell.

## WE AS A FAMILY WILL...

- 1 Support the goals, purposes, and objectives of Grand Island Christian School as stated in this information packet and the student handbook to the best of our abilities.
- 2 Understand that Bible study, chapel services, memorizing parts of the Bible, and a Christian environment are each integral parts of Grand Island Christian School.
- 3 Agree that if there are any concerns with Grand Island Christian School, we will attempt to resolve them through the appropriate channels, one step at a time: talking to the teacher, then the principal, and only then go to the Board.
- 4 Agree as a condition of enrollment to pay the tuition and fees. We understand these are due and payable in order for our child(ren) to remain enrolled in Grand Island Christian School. We understand the registration fees are non-refundable and the book fees are non-refundable after August 1st.

I have read and agree with Grand Island Christian School's Statement of faith and the general family requirements.

Parent's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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

## EMERGENCY/MEDICAL INFORMATION

Student Name \_\_\_\_\_

Does the student have any allergies to medication or food?  Yes  No

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

Does the student have any other health problems?  Yes  No

If yes, please specify type of problem and any restrictions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the student take daily medication?  Yes  No

If yes, please list medication and what it is for \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the student need to take medication at school?  Yes  No

If yes, please list medication and what it is for \_\_\_\_\_

Dosage and time it should be taken \_\_\_\_\_

Please check all that apply:

- I give GICS permission to administer acetaminophen "Tylenol" to my child.
- I give GICS permission to administer ibuprofen to my child.
- Please notify me before my child takes either acetaminophen or ibuprofen.

Name two people with whom student could be left if unable to contact parent:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

I/We understand that in the event of a serious injury or illness at school, every attempt will be made to contact us. If I/We cannot be reached, GICS has my/our permission to seek medical assistance.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## TUITION PAYMENT AGREEMENT

Name of Student \_\_\_\_\_

Please indicate name, preferred payment method and frequency

Name of Responsible Party \_\_\_\_\_

- One annual payment due August 16th (receive 1% discount)
  
- Semi-annual payments due August 15th and January 15th
  
- Make 10 monthly payments by automatic checking withdrawal (complete authorization form)
  
- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Arrangements must be made with the office)

### APPROVAL

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION FOR AUTOMATIC WITHDRAWAL

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### Bank Information

Financial Institution \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Routing Number\* \_\_\_\_\_

(\*Please attach a voided check or deposit slip to verify this number.)

Account Number \_\_\_\_\_

Please check one of the following  Checking  Savings

Please debit my account for \$\_\_\_\_\_ each transaction.

Debit my account \_\_\_\_\_

(How often? Monthly, Quarterly, Annually, etc.)

Date to begin debit \_\_\_\_\_

Date to end debit \_\_\_\_\_

This authorization will remain in full force until the obligation of my pledge has been met unless I submit written notice of termination and reasonable opportunity is given to act upon it.

Signature \_\_\_\_\_ Date \_\_\_\_\_