

# Grace Christian School

P.O. Box 8 • Grandin, FL 32138-0008  
386-336-6135

## STUDENT ENROLLMENT FORM 2011-2012

Please fill out *one form per student.*

Date of Application \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Student is called " \_\_\_\_\_ "

Grade Level \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Student Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip+4 \_\_\_\_\_ Student's E-mail \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Mother's Full Name \_\_\_\_\_

Does student anticipate working during the school year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give specifics: \_\_\_\_\_

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### THE REMAINDER OF THIS FORM RELATES TO NEW ENROLLEES ONLY:

Name and Address of Last School \_\_\_\_\_

Date Withdrawn from Former School \_\_\_\_\_

### The following must accompany this form:

1. Copy of birth certificate (for new students).
2. Florida Certification of Immunization (Form 680) for K-5 or new students (or updates if applicable).
3. Copy of physical within past 12 months. \*
4. A Transcript Request Form (if your child attended a school other than Grace last year).
5. If you home educated in previous years, please turn in a permanent record form (list of subjects and grades earned) for each of those years.

*\*for all K-5 students, or any other student entering school for first time in the state of Florida.*

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### for Office Use Only:

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|---|--|
| <input type="checkbox"/> Birth Certificate                          | <input type="checkbox"/> Family Application Form |
| <input type="checkbox"/> Physical                                   | <input type="checkbox"/> Parental Agreement      |
| <input type="checkbox"/> Certification of Immunization or Exemption | <input type="checkbox"/> Financial Agreement     |
| <input type="checkbox"/> Cumulative Records Received                | <input type="checkbox"/> Curriculum Outline      |
| <input type="checkbox"/> Other _____                                |  |