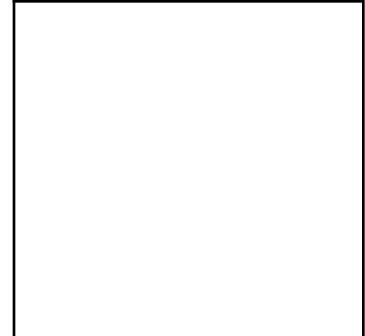


Date of Application _____



Student Photo

Last Name _____ First _____ Middle _____

Grade Applying to: _____ Term Beginning: Fall 20__ Spring 20__ Winter 20__

Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Date of Birth _____ Age _____ Sex _____

BirthPlace _____

Please describe your child as objectively as possible in the space below. Include ways, general and specific, you expect your child to benefit from a Growing Minds Christian Academy education.

Child's Living Arrangements:(check one) () Both Parents () Mother only () Father only () Guardian () Mother & Stepfather () Father & Stepmother () Other _____

If the applicant's parents are divorced, which parent has legal responsibility for:

School related decisions _____

School bills _____

Custody of the student _____

Receiving school communications _____

Father's Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell _____
Email _____ Occupation _____
Employer _____
Business Address _____ City _____ State _____
Zip _____ Business Phone _____

Mother's Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell _____
Email _____ Occupation _____
Employer _____
Business Address _____ City _____ State _____
Zip _____ Business Phone _____

Current School Name _____
Grades Attended _____
Address _____ City _____ State _____ Zip _____
Phone _____
Other Schools Attended: Name of School (s) _____
Phone Number _____ Grade _____

The child may be released to the person(s) signing this agreement or to the following:

Mr./Mrs./Ms _____ Phone (____) _____

Home Address _____

City/Street/Zip _____

Relation to Student _____

Mr./Mrs./Ms _____ Phone (____) _____

Home Address _____

City/Street/Zip _____

Relation to Student _____

Mr./Mrs./Ms _____ Phone (____) _____

Home Address _____

City/Street/Zip _____

Relation to Student _____

Has the applicant been suspended or asked to leave any school? _____ Yes _____ No
If yes, please explain

Has the applicant been recommended for special education, advanced placement or retention?
_____ Yes _____ No

If yes, please
explain _____

Has the applicant had any discipline problems or are there any pending discipline problems at
school? _____ Yes _____ No

If yes, please explain _____

Indicate any specific modification necessary to facilitate the applicant's education:

What is your primary reason for selecting Growing Minds Christian Academy, Inc. for your
child?

Please describe any illnesses, diseases, physical disabilities or special conditions which either
have affected or may affect the applicant's general health, his schoolwork or his participation in
athletics. (Example: Health, Hearing, Eyesight, Attention Deficit, Memory, Learning Difficulties,
Motor Difficulties, etc.)

Does the applicant have any special abilities or talents/ (i.e. athletic, artistic, musical, academic,
etc.)

If applicant has been referred for special educational services or has had a diagnostic testing within the past 3 years, please indicate what type and when:

If you answered yes, please give the following information:

Name of Physician _____

Date of Testing _____ (We may request from you a copy of the report.) If applicant has ever been tested for special academic or behavioral concerns, indicate here: *A copy of these results must accompany this application. ADD Dyslexia Hearing Impairment ADHD Speech Impairment Other (specify) _____

If applicant has been on medication for educational purposes, indicate what medication and frequency of dosage.

A prerequisite for admission into Kindergarten through 5th grade is toilet training. Has your child completed that training? _____

Name _____

Is the child able to participate in the normal activities of a school program? Yes No

Are there any restrictions on normal activities? Yes No If yes, please specify: _____

Does the child have any chronic medical condition that require special attention? Yes No If yes, please

specify: _____

Is this child taking any medication prescribed for long term continuous use? Yes No

If yes, please explain:

Has the child been hospitalized during the past 12 months? Yes No

If yes, please explain:

Known Allergies: _____

Dietary Restrictions: _____

MEDICAL AUTHORIZATION: We hereby grant Growing Minds Christian Academy permission to take whatever action in its judgment that may be necessary to supplying emergency medical services to the applicant. We understand that, consistent with the circumstances of the situation and available time, Growing Minds Christian Academy will attempt to contact and follow the instructions of the parent or guardian, physician or other person(s); we hereby grant permission to Growing Minds Christian Academy to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. We hereby agree that we will solely be responsible for and will promptly pay any expenses which may be incurred by Growing Minds Christian Academy in making emergency medical treatment available to the applicant. We give Growing Minds Christian Academy permission to transport the applicant in an Growing Minds Christian Academy vehicle, vehicle of its personnel or by ambulance in case of an emergency. In case of an emergency, I hereby give my consent to call:

Name of Physician _____
Physician's Hospital _____
Address _____
Phone Number _____ Family's Health Insurance
Carrier _____ Policy No. _____
Signature of Parent/Guardian _____ Date _____

PHOTOGRAPH RELEASE

We release Growing Minds Christian Academy to photograph and/or videotape applicant while participating in daily activities, and to use the photographs and/or videos in photograph displays or other publications showing these daily activities. _____ ; _____
(Initial) (Initial)

We acknowledge that Growing Minds Christian Academy is an exempt program and not a licensed child care facility. I understand that this program is not required to be licensed by the Georgia Department of Early Care and Learning and is exempt from state licensure requirements.

In making application for my child to attend Growing Minds Christian Academy it is my desire to fully support the policies and procedures of the school. If at any time I am unable to support the school, I will go through the proper channels to handle my concerns. To the best of my knowledge, the information provided by me on this application is accurate and true.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Acceptance to Growing Minds Christian Academy is based upon information learned from reference forms, testing and previous school records. All students are accepted on a nine week probationary period, at the end of which the student's performance is evaluated and his or her status is determined by the faculty and administration.

Notice of Non-Discrimination

Growing Minds Christian Academy admits qualified students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available, to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship programs, and athletic and other school programs. In addition, the school pursues a policy of open hiring without regard to race, color, national and ethnic origin.

PARENT'S ACKNOWLEDGEMENT PLEASE ADDRESS ALL CORRESPONDENCE TO:
Director of Admissions Growing Minds Christian Academy, 100 Braxton Court, Fayetteville, Ga,
30214

FOR OFFICE USE ONLY

DATE APPLICATION WAS RECEIVED _____

DATE APPLICATION FEE WAS PAID _____

Comments _____

DATE WITHDRAWN _____