

PARENTAL COMMITMENTS

Please initial next to each statement to indicate you have read and understand each commitment.

_____ “I understand the Christian standards of Grace Academy and that Christian principles are an integral part of the school’s curriculum and culture.”

_____ “I understand that annual tuition may be paid in full or divided into twelve (12) monthly installments, with the first payment due July 1, and remaining payments due on the first day of each month through June 1. Payments received after the 10th of the month will be subject to a late charge. I also understand the school reserves the right to dismiss any student whose financial obligation remains unpaid.”

_____ “I agree to support all policies and regulations of Grace Academy as they apply to personal conduct.”

_____ “I understand my student’s acceptance to Grace Academy is contingent on the results of a personal interview.”

Signature of Father/Male Guardian

Date

Signature of Mother/Female Guardian

Date

Signature of Student

Date

Thank you for completing your application! Please submit your completed application to the main office at Grace Academy by dropping it off or mailing to:

attn. Admissions
13321 Cearfoss Pike
Hagerstown, MD 21740.

FOR OFFICE USE ONLY:

Date application received: _____ Received by (initials): _____

\$50 Application Fee received: Yes No Other

Payment method: Cash Check Credit

Comments: _____

APPLICATION FOR STUDENT ENROLLMENT



GRACE ACADEMY

QUALITY CHRISTIAN EDUCATION

Please complete the following information and questions to the best of your ability and with honesty. Once completed, return this application with your **\$50 application fee** to the main office.

This application may also be completed and submitted online at graceacademyonline.org/apply.

If you have questions about the completion of the application, please call our main office at 301-733-2033.

STUDENT INFORMATION

Full Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Birth date: ____/____/____ Age: _____

Ethnicity: _____ Gender: Male Female

Citizenship (country): _____

STUDENT HEALTH HISTORY

Summarize any physical conditions which require accommodations for your student.

Please summarize any medical conditions or medications we should be aware of.

Please summarize any other conditions (emotional, learning, disabilities, etc.) we should be aware of.

Application continued on next page →

ACADEMIC HISTORY

Previous Schooling:

Pre-School

Name of School: _____

Address: _____

Program completed? Yes No If no, please explain: _____

Home School

Grade equivalent completed: _____

Extracurricular Activities: _____

Awards/Achievements: _____

Reason for Transition: _____

Transfer from another school

Name of School: _____

Address: _____

Grade _____ completed by Spring 20 _____

GPA (on a 4.0 scale): _____

Currently using IEP? Yes No

Extracurriculars (including athletics): _____

Non-school Activities: _____

Awards/Achievements: _____

Reason for Transfer: _____

Technology with which student is familiar: _____

FAMILY INFORMATION

Parent/Legal Guardian:

Full Name of **Father/Male Legal Guardian**: _____

Phone Numbers - Cell: _____ Home: _____

Employer/Business Name: _____

Employer/Business Address: _____

Position: _____

Work Phone: _____

Preferred Email: _____

Marital Status: Married Divorced Remarried Single Other

Full Name of **Mother/Female Legal Guardian**: _____

Phone Numbers - Cell: _____ Home: _____

Employer/Business Name: _____

Employer/Business Address: _____

Position: _____

Work Phone: _____

Preferred Email: _____

Marital Status: Married Divorced Remarried Single Other

Comments: _____

Have any other family members attended and/or graduated from Grace Academy? If yes, please list.

Do you know other current families whose children attend Grace Academy? If yes, please list.

What led you to consider Grace Academy, a faith-based school, for your student's education?
