



# GRAYSON CHRISTIAN SCHOOL

1ST THRU 5TH GRADE

## ENROLLMENT CHECKLIST 2020 - 2021



The following are the components in the application process for all new students desiring enrollment in Grayson Christian School.

- ✓ Interview with the Principal
- ✓ Application Fee
- ✓ Student Application
- ✓ Diagnostic Testing
- ✓ Records Release Form for previous school records
- ✓ Copy of Birth Certificate, and Social Security Card
- ✓ Immunization Records from your doctor showing that your student is up to date with the newest State of Texas immunization guidelines, or an Exemption Affidavit available at <https://corequest.dshs.texas.gov/>
- ✓ Emergency Medical Release
- ✓ Discipline Agreement
- ✓ Student Recommendation Form
- ✓ Completed RenWeb Enrollment, then follow the link to complete FACTS enrollment

**All of the forms above must be completed and turned in to the school office before a student can be considered for enrollment at Grayson Christian School.**

Once all components of the application process are completed you will receive a letter within five business days concerning the acceptance of the applying student(s).

If for any reason the applicant decides to cease the enrollment process the enrollment fee is non-refundable, however if for any reason a new applicant is denied acceptance by Grayson Christian School a refund of the enrollment fee will be issued.

*Grayson Christian School admits students of any race, color, or national and ethnic origin, and this admission will afford to them 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, admissions policies, and athletic and other school-administered programs.*

**GRAYSON CHRISTIAN SCHOOL**  
**FINANCIAL INFORMATION**  
**2020 - 2021**

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**Registration Fees** (Non-refundable)

<b>Per New Student</b>	\$75 Application/Testing Fee (due upon submission) \$150 Registration Fee (due within 10 days of acceptance)
<b>Per Returning Student</b>	\$75 Re-enrollment Fee ( extended to June 17th if form is turned in <b><u>before</u></b> May 8th ), \$150 <b><u>after</u></b> May 8th.

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**Tuition and Student Fees** (Paid in 10 monthly payments from Aug.- May through FACTS Tuition Management)

<b>K3-2<sup>nd</sup> Grade per student</b>	\$3,750 year (includes tuition, activity fee, and lab fee) \$375 per payment
<b>Grades 3<sup>rd</sup>-12<sup>th</sup> per student</b>	\$4,250 year (includes tuition, activity, curriculum, and lab fees) \$425 per payment <b>*This does not include notebooks, pencils, paper or specific class requirements.</b>
<b>K3-2<sup>nd</sup> Curriculum Fee (Non-refundable)</b>	\$400 per year (\$300 if paid by July 5 <sup>th</sup> ) or may be broken down into 10 monthly payments with tuition (Aug.-May) through FACTS <b>*This includes books, academic awards, curriculum aids, science supplies, and school supplies.</b>

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**Miscellaneous Fees**

<b>Hot Lunch</b>	Charges vary; see menu items. These are to be pre-paid at the beginning of the month
<b>Extended School Day</b>	Open from 7am-8:30am and 1:30pm-6pm Grades K3-K5— \$1,150/yr. paid in 10 payments of \$115 per payment (Aug – May) Grades 1st—6th— \$600/yr. paid in 10 payments of \$60 per payment (Aug – May)
<b>Fine Arts Competition</b>	Charges will vary depending on location and length of trip
<b>P.E. Uniforms</b>	\$24 per set (shirt & shorts) (\$20 per set for toddler sizes)
<b>Graduation Fees</b>	\$100 for 12 <sup>th</sup> grade students (Due in March)
<b>Music Lessons</b>	Charges will vary depending on teacher and instrument
<b>Late Fees</b>	\$45 if account is not paid-in-full by each due date
<b>NSF Fees</b>	\$30 for returned checks from the bank for insufficient funds
<b>Withdrawal Fee</b>	\$100 plus the remainder of the Curriculum Fee if you choose to withdraw your child during a school year
<b>Athletic Fee</b>	Varies by sport

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**Financial Aid**

<b>Multiple Student Discount</b>	2 <sup>nd</sup> child - \$450/yr., 3 <sup>rd</sup> child - \$900/yr., 4 <sup>th</sup> child - \$1,350/yr.
<b>Advance Discount</b>	\$100 tuition reduction if you pay for the year in its entirety by August 5th \$50 tuition reduction if you pay for the year by semester (August 5 <sup>th</sup> and January 5 <sup>th</sup> )
<b>Student Referral Discount</b>	\$200 tuition reduction if you recruit a family to attend GCS. (See office for details)
<b>Ministry Scholarship</b>	Tuition reduction given to families whose head of household gains their <b><u>principle</u></b> income from full-time vocational ministry (40+ hours of active work & approved by administration).

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**Fundraisers**

GCS has fundraisers throughout the year to help the school purchase things that will enhance its educational and extra-curricular benefits. Your participation is greatly appreciated!



# APPLICATION FOR ENROLLMENT

## 1ST - 5TH GRADE

This application does not assure final enrollment, but provides information upon which a decision will be based.

### The following must accompany this application:

- |   |   |
|---|---|
| <input type="checkbox"/> Birth Certificate                                      | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Emergency Medical Form                                 | <input type="checkbox"/> Discipline Agreement |
| <input type="checkbox"/> Up-to-date Immunization Records or Exemption Affidavit |   |
| <input type="checkbox"/> Application Fee  |   |

Grayson Christian School  
4400 US Hwy 82 E  
Sherman, TX 75090  
Phone 903-892-3304  
Fax 903-868-2546  
www.graysonchristian.org

### Office Use Only

Amount Date

App. Fee \_\_\_\_\_  
Reg. Fee \_\_\_\_\_  
Curr. Fee \_\_\_\_\_  
Tuition \_\_\_\_\_  
Total \_\_\_\_\_  
Check # \_\_\_\_\_  
Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

## STUDENT INFORMATION

**\*Note: Application must be made by the family with whom the student resides.**

Date \_\_\_\_\_ Grade Entering \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Nickname \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Completed/Current Grade \_\_\_\_\_  
Month Day Year (Circle One)

Last School Attended/Attending: \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Has student professed faith in Christ? \_\_\_\_\_ Father? \_\_\_\_\_ Mother? \_\_\_\_\_

Will the student be utilizing the Extended School Day Program? ☐ Yes ☐ No

## FAMILY INFORMATION

Mr. \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Mrs. \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Students Home Address \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student's Home Phone (\_\_\_\_\_) \_\_\_\_\_ Student's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Father's Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

If divorced or separated please provide the address of the non-custodial parent:

\_\_\_\_\_ Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Church Attending \_\_\_\_\_ Services per week attended? 0-1, 1-2, 2-3

Mother's Occupation \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Church Attending \_\_\_\_\_ Services per week attended? 0-1, 1-2, 2-3

Emergency Contacts, other than parents, if parents can not be reached:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

## ADDITIONAL INFORMATION

Has the applicant ever repeated a grade? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Has the applicant ever been expelled, dismissed, suspended, or denied admission to another school?

If yes, explain: \_\_\_\_\_

Has the applicant ever been tested for a learning deficit? ☐ Yes ☐ No

If yes, a copy of those results should be attached to this application.

If the applicant has had any disciplinary difficulty, please state briefly: \_\_\_\_\_

List any medical conditions, physical defects, or allergies that limit activities: \_\_\_\_\_

Are there any emotional or behavioral problems we should know about? \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Please state why you seek admission for your child(ren) to Grayson Christian School: \_\_\_\_\_

To comply with Texas state law, a student under 12 years of age must provide the school with the following documentation with the student's application.

(1) A copy of the student's birth certificate

(2) Copies of previous school records verifying the students name, address, birthdate, grades, and dates attended.

Last School Attended: Name of school: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Attended from: \_\_\_\_\_ to \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous school #2: Name of school: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Attended from: \_\_\_\_\_ to \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

# STATEMENT OF COOPERATION

It is agreed that Grayson Christian School will hold the applying family to be:

- a. solely responsible for all financial obligations incurred by the applicant.
- b. supportive of the school's statements of Philosophy and Mission.
- c. the authorized recipient of all school notices.

It is understood that enrollment at Grayson Christian School is a financial obligation. Financial accounts must be kept current. Application and registration fees are non-refundable.

I/we give permission for my/our student to take part in all campus activities, including P.E. class, except when affected by physical conditions described on this application. I/we give permission for my student to take part in all school-sponsored trips away from campus for which he or she is eligible, with the understanding that the school will notify me/us of such trips ahead of time. I/we give permission for photos and/or video of my/our student to be used in printed or digital material. I/we understand that my/our student must both receive my/our written permission and meet the schools academic eligibility requirements before being allowed to participate in interscholastic sports. In respect for the diligent concern and vigilance of the school staff, I/we will not hold the school liable for any injury to my/our child at school or during any school activity.

I/we agree to provide a suitable place at home for my/our student to use for completing homework and agree to encourage my/our student to properly complete all homework assignments.

I/we respect moral standards of the school and will not tolerate in my/our home any profanity, obscenity, dishon-  
or to the Godhead or the Word of God, or disrespect for school personnel. I/we agree to support all the rules of the school on my/our student's behalf and authorize the school to carry out any discipline of my/our child that the school deems needful, in accordance with school policy as published in the *Parent/Student Handbook*.

I/we agree that attendance in this school is a privilege, not a right, and the school has the right to withdraw any student who fails to comply with school rules or, who fails to comply with discipline, or whose school bill remains unpaid for more than 30 days.

I/we have read the Parent/Student Handbook and agree to participate in the school's parent orientation program. I/we have understood the obligations that were stated on this Application, and I/we agree to abide by them.

\_\_\_\_\_  
(Signature of Father)

\_\_\_\_\_  
(Signature of Mother)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

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All students accepted by Grayson Christian School enter on academic probation for one year.

<b>For Office Use Only</b>	<b>Diagnostic Testing</b> _____	<b>Acceptance Letter Sent</b> _____
	<b>Requested Records</b> _____	<b>Received Records</b> _____
	<b>Put in RenWeb</b> _____	<b>Set up Classes in RenWeb</b> _____
	<b>UDID#</b> _____	

# STUDENT RECORD RELEASE

Date: \_\_\_\_\_

## RELEASING SCHOOL

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

Dear Counselor:

The following students have been withdrawn from your school.  
Please release their academic and health records to the accepting school.  
Thank you for your help with this matter!

Name of Student

Date of Birth

Current Grade Level


\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Signature of Receiving Principal*



**Grayson Christian School**

4400 US Hwy 82 E  
Sherman, TX 75090  
PH: 903-892-3304  
Fax: 903-868-2546



# EMERGENCY MEDICAL TREATMENT PERMISSION FORM

Grayson Christian School  
4400 US Hwy 82 E  
Sherman, TX 75090  
Phone: 903-892-3304



Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Other helpful emergency information the school or doctors should know \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home or Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home or Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Home or Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

I (we) hereby grant the school principal or staff permission to take whatever steps they deem necessary to obtain emergency medical care for my child. These steps may include, but are not limited to, the following:

1. Attempting to contact a parent or guardian.
2. Attempting to contact a child's physician.
3. Attempting to contact a parent or guardian through any of the persons listed on the emergency information form relating to the child.
4. Calling another physician, if the child's physician is not reached.
5. Calling an ambulance.
6. Having a child taken to an emergency room in the company of a staff member.

I agree that any expense incurred under steps 4, 5, or 6 above will be my responsibility as the undersigned parent/guardian.

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Family Address \_\_\_\_\_

Street

City

State

Zip Code

Another relative's name and phone number in case a parent or guardian cannot be reached:

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



## GRAYSON CHRISTIAN SCHOOL

4400 US Hwy 82 E  
Sherman, TX 75090



### DISCIPLINE AGREEMENT

Grayson Christian School is honored that you have asked our staff to assist you in the training of your child \_\_\_\_\_ for Christian leadership.

Our total program is designed to develop the spiritual and academic qualities that characterize your child. We appreciate your confidence in our program. To carry out your wishes for total character development, we believe it is necessary to follow Scriptural admonition to correct a child when his/her behavior is in violation of proper or reasonable rules and procedures. When warranted, corporal correction will be exercised under the following guidelines:

1. The offense will be clearly discussed with your child.
2. A staff member will discuss Spiritual applications and pray with your child.
3. A reasonable number of firm strokes, not to exceed 5, will be administered by a staff member of the same sex as your child, using a simple, flat paddle.
4. A staff witness of the same sex as your child will be present.
5. Your child will not be physically restrained. (If he/she refuses to submit to paddling, you will be asked to come discuss the matter, and if it is believed to be in the best interest of the school, the child will be withdrawn from Grayson Christian School.)
6. After administering the strokes, the staff member will pray with your child, assuring him/her of their love.
7. A written report will be made of the date, offense, number of strokes and name of correcting staff and witness. A copy will be sent to you.

I/We, \_\_\_\_\_  
(Name of Father and Mother)

Have read the above guidelines and agree to support Grayson Christian School in its policy of corporal correction without reservation. I personally pledge my support to the Spiritual approach to discipline.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date





## STUDENT RECOMMENDATION FORM

Grayson Christian School  
4400 US Hwy 82 E  
Sherman, TX 75090  
Phone: 903.892.3304  
Fax: 903.868.2546

### **TO BE COMPLETED BY STUDENT/PARENTS:**

Student's Full Name \_\_\_\_\_

I freely and voluntarily waive my rights of access to any and all information contained in these recommendations, and agree that any comments below will remain confidential.

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

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

#### Confidentiality Agreement:

Grayson Christian School will not discuss with others the content of any specific student records, nor will we disclose personally identifiable student information, or any other information regarding individual students. The information obtained from these recommendations will be for office use only.

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**[Please supply a name for each type of recommendation.]**

### **Pastorial or Church Leader Recommendation:**

Name \_\_\_\_\_

Church Name \_\_\_\_\_

Phone Number \_\_\_\_\_

### **Teacher Recommendation:**

Name \_\_\_\_\_

School Name \_\_\_\_\_

School Phone Number \_\_\_\_\_

### **Personal Recommendation:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_