



STUDENT INFORMATION

School Year: _____

Registration Paid: [] Grade Level: _____

Prerequisite for Admission to W.E. Garnett Christian Academy

Copy of Birth Certificate: [] Copy of Immunization Record: []
Prior School Records (if applicable): [] Copy of Social Security Card: []

Student Details

Student Name:

Last	First	Middle
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Birth Date: _____ Social Security Number: _____

Gender: _____
(at birth)

Student's Physical Address

Street: _____ City: _____

State (abbreviated): _____ Zip: _____

Student's Contact Information

Home Telephone: _____ Cell Phone: _____

E-Mail: _____

Previous School the Student Attended

School Name (*if not GCA*): _____ Grade: _____

Has the Child Failed (circle one): Yes / No If Yes, What Grade Level?: _____



Please List Any Physical Difficulties That Your Child Has (Including Allergies)

Student's Physician:

Physician's Telephone Number: _____

Parent / Guardian Information

Father's Name: _____

Father's Phone Number: _____

Father's E-Mail: _____

Father's Employer: _____

Mother's Name: _____

Mother's Phone Number: _____

Mother's E-Mail: _____

Mother's Employer: _____

Emergency Contact (Other Than the Parents)

Please contact _____ in the case of an emergency.

Emergency Contact's Phone Number: _____

Emergency Contact's Relation to the Child: _____



Additional Information

Church You Presently Attend: _____

How did you hear about us?

Interested in Music/Singing Lessons?

Reason(s) for selecting Garnett Christian Academy:



DATABASE INFORMATION

Parent/Guardian

Last Name: _____ MI: _____ First Name: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Mailing Address: _____

Physical Address: _____

Emergency Contact: _____ Phone: _____

Student Information

Last Name: _____ MI: _____ First Name: _____

Age: _____ Name Called: _____ Birth Date: _____

Social Security Number: _____ Gender: _____

Last School Attended: _____

School Address: _____ Present Grade: _____

Medications/Allergies (*Please include ALL instructions*):

(Name, Amount & Times to administer)

Enrollment Date: _____



STATEMENT OF COOPERATION & AGREEMENT

1

I understand that the tuition for my child/children attending GCA is arranged on ten (10) monthly payments as a convenience to me. I am aware that a tuition payment is due on the 10th of each month, August through May. Furthermore, it is understood that if payment has not been received by the final day of each month, my child/children will not attend class until the tuition is paid. I also understand that grade cards will be withheld until the past due amount is paid and that the annual offer of early re-enrollment will not be available to any delinquent account.

I do agree to make ten (10) tuition payments. I also agree to participate in the GCA school fundraisers. If I choose not to sell items for the fundraiser, I will donate the equivalent amount of money equal to the purchase of the required number of items to sell from the fundraiser.

2

In full cooperation with the school, I sincerely pledge my loyalty to the aims and ideas of the school and will bring any and all questions and criticism directly to the administration so that those in authority may properly consider them. The teachers and administration are hereby given full discretion in the discipline of my child/children. This may include various forms of *positive* reinforcement or the issuing of detention, suspension, or expulsion from the school.

3

I also give my permission for my child to take part in all school activities, such as physical education activities and school sponsored trips, etc. In case of an accident or serious illness, I request the school personnel contact me. If they are unable to reach me, I hereby authorize them to call my physician, and to follow his/her instructions. If it is not possible to contact his physician, the school personnel may make the necessary arrangements.

4

I understand that no student will be accepted by W.E. Garnett Christian Academy who has experimented with illegal drugs or participated in occult activities. I understand any use/experiment of contraband drugs will result in immediate expulsion with no right to appeal. I understand that students of GCA are expected to keep high standards and to have high moral conduct. No student sexually active will be admitted to GCA. I further understand that any violation of this rule will result in expulsion.

NOTE: Parents/guardians of the student named above, has he/she ever been disciplined by any other school for the use of drugs or for promiscuous behavior? YES [] NO []

If yes, when and what action was taken? _____



5

I further agree to hold the school and its agents harmless for the liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against W.E. Garnett Christian Academy or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other cost that W.E. Garnett Christian Academy or its agent should incur to defend itself against such action.

6

I understand that students will NOT be permitted to have cell phones in their possession throughout the school day. Students MUST leave their cell phones in their vehicle or in the holding bin in the foyer during the school day; cell phones shall cause no disruption.

If a cell phone is not left in their vehicle or in the holding bin in the foyer, discipline action will include - but is not limited to - confiscation of the phone. Additionally, student abuse of this policy will result in the student losing the privilege to be able to carry a cell phone permanently, or for a period of time determined by an administrator.

There will be absolute **zero tolerance** on cell phone use. This is a contract regarding my student's possession of a cellular telephone on campus. On the third offense, your child will not be able to have any cell phone on campus. If he/she is caught with any cell phone, it will result in two days of suspension. Furthermore, I understand that the school and its employees are in no way responsible for any theft or damage of my child's cellular phone while on school grounds. The school is not obligated to investigate the loss or damage of a cell phone. Should my student's cell phone be confiscated, I understand that it will only be returned when I come to school to retrieve it.

7

(a) Any essay that plagiarizes will be considered an F, even if it is a draft. (b) A written report of the plagiarism incident will be submitted to the GCA administration. (c) If plagiarism reoccurs in another assignment, I can fail the course.

8

I have read and understand the W.E. Garnett Christian Academy Student Handbook and policies therein.

Mother's Name Signature

Father's Signature

Date



RECORDS REQUEST

Date: _____

School Name: _____

School Address: _____

From: _____ of W.E. Garnett Christian Academy

The student(s) listed below have enrolled in Garnett Christian Academy. Please send his/her cumulative records, health records, test scores, birth certificates, social security card, and grades earned at time of withdrawal. This includes exceptional children records if applicable.

Student	Grade

Thank you for your prompt attention to this request.

**** I authorize the release of my child's academic records to W.E. Garnett Christian Academy.**

PARENT: _____ *Out of County/Out of State*****



TRANSPORTATION FORM

Student's Name: _____ Age: _____

Emergency Contact: _____

Relation: _____ Phone Number: _____

The following person(s) have my permission
to transport my child from school property:

1. _____ Relation: _____

2. _____ Relation: _____

3. _____ Relation: _____

4. _____ Relation: _____

Parent/Guardian Name

Parent/Guardian Signature

Date

This form will remain on file for the 2020-2021 school year. Please be advised that Garnett Christian Academy **must be notified *in writing*** of any changes regarding this form, and that GCA staff will abide by this form unless properly notified.



STUDENT DRIVER FORM

+ MUST HAVE A COPY OF LICENSE

I give permission for my child, _____, to drive
Student's Name
to and from school daily.

Make of Vehicle: _____ Model of Car: _____

License Plate Number: _____

Students who are allowed to ride with my child:

Parent/Guardian Name
Signature

Parent/Guardian

Date

Please Note: Per NC State Law, those with an intermediate restricted license can only have one other passenger in the vehicle unless one or more of the passengers is age 21 or older and has a valid, unrestricted license (or the other passengers are siblings).