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

- Interview with Principal
- Application Fee
- Diagnostic Testing
- Student Application
- Records Release Form for previous school records
- Emergency Medical Release
- 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/](https://corequest.dshs.texas.gov/)
- Discipline Agreement
- Standard of Conduct
- 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.
### Registration Fees (Non-refundable)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Per New Student</td>
<td>$75 Application/Testing Fee (due upon submission)</td>
</tr>
<tr>
<td></td>
<td>$150 Registration Fee (due within 10 days of acceptance)</td>
</tr>
<tr>
<td>Per Returning Student</td>
<td>$75 <em>(before)</em> April 15, 2018</td>
</tr>
<tr>
<td></td>
<td>$150 <em>(after)</em> April 15, 2018</td>
</tr>
</tbody>
</table>

### Tuition and Student Fees

(Taken in 10 monthly payments from Aug.- May through FACTS Tuition Management)

<table>
<thead>
<tr>
<th>Grade per student</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K3-2nd</td>
<td>$3,750 year (includes tuition, activity fee, and lab fee) $375 per payment</td>
</tr>
<tr>
<td>Grades 3rd-12th</td>
<td>$4,250 year (includes tuition, activity, curriculum, and lab fees) $425 per payment</td>
</tr>
</tbody>
</table>

*This does not include notebooks, pencils, paper or specific class requirements.

### Miscellaneous Fees

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot Lunch</td>
<td>Charges vary; see menu items. These are to be pre-paid at the beginning of the month</td>
</tr>
<tr>
<td>Extended School Day</td>
<td>Open from 7am-8:30am and 1:30pm-6pm</td>
</tr>
<tr>
<td></td>
<td>Grades K3-K5— $1,150/yr. paid in 10 payments of $115 per payment (Aug – May)</td>
</tr>
<tr>
<td></td>
<td>Grades 1st—6th— $600/yr. paid in 10 payments of $60 per payment (Aug – May)</td>
</tr>
<tr>
<td>Fine Arts Competition</td>
<td>Charges will vary depending on location and length of trip</td>
</tr>
<tr>
<td>P.E. Uniforms</td>
<td>$24 per set (shirt &amp; shorts) ($20 per set for toddler sizes)</td>
</tr>
<tr>
<td>Graduation Fees</td>
<td>$75 for 12th grade students (Due in March)</td>
</tr>
<tr>
<td>Music Lessons</td>
<td>Charges will vary depending on teacher and instrument</td>
</tr>
<tr>
<td>Late Fees</td>
<td>$45 if account is not paid-in-full by each due date</td>
</tr>
<tr>
<td>NSF Fees</td>
<td>$30 for returned checks from the bank for insufficient funds</td>
</tr>
<tr>
<td>Withdrawal Fee</td>
<td>$100 plus the remainder of the Curriculum Fee if you choose to withdraw your child during a school year</td>
</tr>
<tr>
<td>Athletic Fee</td>
<td>Varies by sport</td>
</tr>
</tbody>
</table>

### Financial Aid

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

### 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

**6th - 12th Grade**

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

**The following must accompany this application:**

- [ ] Birth Certificate
- [ ] Social Security Card
- [ ] Standard of Conduct
- [ ] Emergency Medical Form
- [ ] Discipline Agreement
- [ ] Up-to-date Immunization Records or Exemption Affidavit

## 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: ________________

**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 Phone (______)_________**

**Father’s Email: ______________________**

**Mother’s 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 (______)_________**

**Services per week attended? 0-1, 1-2, 2-3**

**Father’s Place of Employment**: ______________________

**Church Attending**: ______________________

**Mother’s Occupation**: ______________________

**Business Phone (______)_________**

**Services per week attended? 0-1, 1-2, 2-3**

**Mother’s Place of Employment**: ______________________

**Church Attending**: ______________________

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

- Name: ______________________
- Relationship to Student: ______________________
- Phone (______)_________

- Name: ______________________
- Relationship to Student: ______________________
- Phone (______)_________

**Office Use Only**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>App. Fee</td>
<td></td>
</tr>
<tr>
<td>Reg. Fee</td>
<td></td>
</tr>
<tr>
<td>Curr. Fee</td>
<td></td>
</tr>
<tr>
<td>Tuition</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Check #</td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td></td>
</tr>
<tr>
<td>Credit Card</td>
<td></td>
</tr>
</tbody>
</table>
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 student’s name, address, birthdate, grades, and dates attended.

Previous school #1:  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, dishonor 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)

Grayson Christian School admits students of any race, color, or national and 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, or national or ethnic origin in administration of its educational policies, admissions policies, and athletic- and other school-administered programs.

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

<table>
<thead>
<tr>
<th>For Office Use Only</th>
<th>Diagnostic Testing</th>
<th>Acceptance Letter Sent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Requested Records</td>
<td>Received Records</td>
</tr>
<tr>
<td></td>
<td>Set Up In RenWeb</td>
<td>Set Up Classes/RenWeb</td>
</tr>
<tr>
<td></td>
<td>UDID#</td>
<td></td>
</tr>
</tbody>
</table>
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

ACCEPTING SCHOOL:
Grayson Christian School
4400 E. Hwy 82
Sherman, TX 75090
PH: 903-892-3304
Fax: 903-868-2546
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 in case a parent or guardian cannot be reached:
Name _____________________________________________ Relationship _________________ Phone __________
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
The student's attitudes, conversation and behavior reflect the character of the information from which he/she derives his/her training, both home and church. This form reflects Grayson Christian School's attempt to secure students who would best adjust to the rigor of a highly disciplined training program which must set high standards. These standards will result in a characterized individual to lead in reformation for our Nation and World.

<table>
<thead>
<tr>
<th>Please read the statements below and place a check mark in the appropriate box.</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I accept the Bible as God's Word and submit myself to its principles as the final authority.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I sincerely pledge my allegiance to the Christian and American Flags, and their values.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will not take part in Smoking, consumption of alcohol, or any illegal drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will not draw, wear, or display in any way anti-Christian symbols.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I agree to dress modestly in public according to Christ-like standards, and be a consistent example for others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will honestly and in good spirit adhere to all the rules and guidelines of Grayson Christian School.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will respect and obey any authority placed over me by Grayson Christian School.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I want to attend Grayson Christian School.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Students are expected to abide by the above standards of conduct, and the rules within the Student Handbook throughout their enrollment whether at home, church, or elsewhere. Students found to be out of harmony with Grayson Christian School's ideals of work and life may be invited to withdraw whenever the administrator determines it to be necessary.

As a student of the Grayson Christian School, I pledge to uphold Grayson Christian School's standards against cheating, smoking, drinking alcoholic beverages, using or talking favorably about narcotics, dancing, gambling, or using indecent language, and will act in an orderly and respectful manner. I will maintain Christ-like standards in courtesy, kindness, morality and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of my life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in this Christian education program while I am a student attending Grayson Christian School. Furthermore, I will not act or give the impression to other students, parents, or faculty that I am not in harmony with the rules, standards of conduct, and goals of Grayson Christian School.

_____________________________________________________________                      __________________________________________
Student's Signature                                            Parent Signature
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.

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

Pastoral or Church Leader Recommendation:

Name ________________________________________________________________________________________________________________

Church Name _______________________________________________________________________________________________________

Phone Number _____________________________________________________________________________________________________

Teacher Recommendation:

Name ________________________________________________________________

School Name __________________________________________________________

School Phone Number ________________________________________________

Personal Recommendation:

Name ________________________________________________________________

Relationship __________________________________________________________

Phone Number ________________________________________________________