

**GAARDE CHRISTIAN SCHOOL
2012/2013 REGISTRATION FORM**

Returning Student New Student Male Birth date: _____
 Female Age: _____

Preschool Class (circle one): Kindergarten Class (circle one):
MWF am 3's MWF pm 3's T/TH 3's ½ Day K All Day K
MWF am 4's AM Pre-K PM Pre-K Grade Entering (1-8 only) _____

Student's Last Name (*Legal*): _____ First Name: _____ MI: _____

Nick Name or name child prefers if different from above _____

Child lives with: Mother Father Stepmother Stepfather Other _____

Mother's Name: _____ Father's Name: _____

Mother's SSN: _____ Father's SSN: _____

Mother's Address: _____ Father's Address: _____

Mother's Home #: _____ Father's Home #: _____

Mother's Work #: _____ Father's Work #: _____

Mother's Employer: _____ Father's Employer: _____

E-mail: _____ E-mail: _____

Cell #: _____ Cell #: _____

What church do you attend? _____

BILLING OPTIONS:

Plan 1

Annual
Postmarked by Aug 1
4% Discount & No Billing Fee

Plan 2

10 Month
(Aug. 1 – May 1)
\$150 Billing Fee

The first payment is due August 1st (billed July 15th), thereafter; tuition payments are due on the first of each month. All school fees are non-refundable.

GCS admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school and do not discriminate in administration of its educational policies and other school-administered programs. GCS reserves the right to select students on the basis of academic performance, religious commitment and personal qualifications – including a willingness to cooperate with the GCS administration and to abide by its policies.

I agree to the terms of this registration agreement, understanding the tuition, fees and early withdrawal penalties as stated in our handbook. A non-refundable registration fee for each student (returning & new) must accompany this form. By signing this registration form, I agree to read & abide by the Gaarde Christian School Parent/Student Handbook.

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Date Received: _____

CLASS ASSIGNMENT:

- Pre 3's (MWF – AM)
- Pre 3's (T/TH – AM)
- Pre 3's (MWF – PM)
- Pre 4's (MWF – AM) Teacher _____
- Pre -- Kinder (M-F – AM) Teacher _____
- Pre – Kinder (M-F – PM)
- ½ Day Kindergarten
- Full Day Kindergarten
- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8

- NEW STUDENT**
- Registration Form Signed
- Paid Registration Fee \$ _____
 - Ck # _____
 - Copy of Check
 - Cash
- Rec'd Copy of Birth Certificate
- Rec'd Immunization Form / Current (up to date) Immunization Form
- Rec'd Transfer Request Form
- Rec'd "Required Student Information Form" – Signed
- Rec'd "Student Enrollment Statement" – Signed
- Entered in Class List Notebook
- Logged in GCS Table
- Copy of Registration Form to GCS Billing
- Appointment w/Administrator for Assessment testing (Kindergarten – 8th grade only) Date: _____

- RETURNING STUDENT**
- Registration Form Signed
- Paid Registration Fee \$ _____
 - Ck # _____
 - Copy of Check
 - Cash
- Rec'd "Required Student Information Form" – Signed
- Rec'd "Student Enrollment Statement" – Signed
- Entered in Class List Notebook
- Logged in GCS Table
- Copy of Registration Form to GCS Billing
- Appointment w/ Administrator (optional) Date: _____