



Grace Christian Academy

Christ-centered, Classical Education

2320 Heybourne Road

Minden, NV 89423

(775) 782-7811

www.gcanv.com

Student Application

Year: _____

Grade: _____

STUDENT INFORMATION

Gender M F

NAME _____ / _____ / _____
LAST FIRST MIDDLE

STREET _____ CITY _____ ZIP _____

HOME # _____ FOR STUDENT DIRECTORY DO NOT PUBLISH OK TO PUBLISH *

DATE OF BIRTH _____ DOCTOR _____ PHONE # _____

SCHOOL LAST ATTENDED _____ PHONE # _____

EMERGENCY CONTACT OTHER THAN PARENTS

NAME _____ RELATION _____ PHONE # _____

NAME _____ RELATION _____ PHONE # _____

CHURCH STUDENT ATTENDS _____

ETHNIC ORIGIN AFRICAN AMERICAN ASIAN CAUCASIAN HISPANIC NATIVE AMERICAN Other _____

MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

STREET _____ CITY _____ ZIP _____

FAMILY INFORMATION

Applicant lives with (check all that apply) Father Mother Stepfather Stepmother Guardian, Relationship _____

FATHER/GUARDIAN _____ HOME PHONE (IF DIFFERENT THAN STUDENT) _____

ADDRESS (IF DIFFERENT THAN STUDENT) _____

CELL # _____ E-MAIL ADDRESS _____

OCCUPATION/TITLE _____ FIRM _____

BUSINESS # _____

MOTHER/GUARDIAN _____ HOME PHONE (IF DIFFERENT THAN STUDENT) _____

ADDRESS (IF DIFFERENT THAN STUDENT) _____

CELL # _____ E-MAIL ADDRESS _____

OCCUPATION/TITLE _____ FIRM _____

BUSINESS # _____

2320 Heybourne Road, Minden, NV 89423

Phone : (775) 782-7811 Fax: (775) 782-0866

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FAMILY INFORMATION *Continued*

STEPPARENT'S NAME (if applicable) _____

ADDRESS (IF DIFFERENT THAN STUDENT) _____

CELL # _____ **E-MAIL ADDRESS** _____

OCCUPATION/TITLE _____ **FIRM** _____

BUSINESS # _____

BROTHERS AND SISTERS

NAME	M / F	AGE	GRADE	SCHOOL

Do you have a church home? Yes No If yes, please list _____

Person (s) who will assume financial responsibility for applicant's education at Grace Christian Academy

NAME _____

ADDRESS _____

** The student directory is handed out to all families attending Grace Christian Academy and will contain your address, phone numbers, and email address.*

MEDICAL RELEASE: When I/we cannot be located after reasonable efforts under the circumstances, the Principal (or his/her representative) is authorized under NRS.129.040, but not required, to seek medical care of the above named student, in case of serious illness, accident, or other emergency requiring immediate hospitalization, medical attention, or surgery. I/We also agree to be responsible for all medical costs incurred on the student's behalf.

Natural Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Proof of Residence Immunization Certificate Birth Certificate

Grace Christian Academy 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. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.