



# GRANITE CHRISTIAN ACADEMY

Application for Admission

## Office Use Only

Date \_\_\_\_\_

Interview \_\_\_\_\_

Approval Y N

By \_\_\_\_\_

## GENERAL INFORMATION

**Child's Full Legal Name** \_\_\_\_\_  
(Last) (First) (Middle)

**Address** \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

**Phone Number** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_ **Gender** ☐ Male ☐ Female **Country of Citizenship** \_\_\_\_\_

Has your child attended this school previously? ☐ Yes ☐ No

Is your child a Christian? ☐ Yes ☐ No

Does your child attend church regularly? ☐ Yes ☐ No

Full name and address of church attended:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Pastor \_\_\_\_\_

- Is your child now or has he ever been under the supervision of a parole officer or under the custody of a juvenile or other court? ☐ Yes ☐ No
- Has your child ever had a police record? ☐ Yes ☐ No

(If the answer to either of the above two questions is affirmative, give full information, including the name and address of the judge or probation officer on a separate paper.)

## FAMILY INFORMATION

**Father's Name** \_\_\_\_\_

**Father's Employer & Address** \_\_\_\_\_

\_\_\_\_\_  
Employer's Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Mother's Employer & Address** \_\_\_\_\_

\_\_\_\_\_  
Employer's Phone \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed

\*If child lives with someone other than his natural parents, please provide name and work phone of step-parent or guardian.

Other Brothers and Sisters:

Name

Age

Grade

School Attending

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Friend or Relative to contact if parent cannot be reached in case of an emergency:

(Name)

(Relation)

(Phone)

### HEALTH INFORMATION

A medical record must be in our files before a student is finally and definitely accepted.

- Does your child have any physical limitations which might require some adjustment to a normal student schedule?  
☐ Yes   ☐ No  
 If yes, please describe:
- Does your child have a known disability? ☐ Yes   ☐ No  
 If yes, please explain:
- Is your child hearing impaired? ☐ Yes   ☐ No  
 If yes, please describe.
- Is your child presently taking regularly any medication prescribed by a physician? ☐ Yes   ☐ No  
 If yes, give medication and frequency:
- Has your child been hospitalized within the past year ☐ Yes   ☐ No  
 If yes, give dates and reason for hospitalization:
- Has your child ever been treated for any nervous, mental, or emotional disorder? ☐ Yes   ☐ No  
 If yes, please supply dates and reasons for counseling as well as name and address of attending physician or psychiatrist.
- Has child ever been diagnosed as having AIDS or any other contagious/communicable disease? ☐ Yes   ☐ No
- Has your child ever used tobacco, alcoholic beverages, marijuana, narcotics or other dangerous drugs? ☐ Yes   ☐ No  
 If yes, state drugs used, dates used; the number of times used and the last date you used them.

Name and address of last school in which the child was enrolled.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State) (Zip Code)

Last grade level completed? \_\_\_\_\_ Has your child ever been expelled, dropped, or suspended by any school?

☐ Yes ☐ No

If yes, state name of school, time, and reason for such action.

Has your child had any serious discipline problems at previous schools?

☐ Yes ☐ No

If yes, please explain.

This section is to be completed if applying for grades 9 – 12.

Course of study desired: ☐ College Preparatory ☐ General

Do you plan to continue in Granite Christian Academy until graduation?

☐ Yes ☐ No ☐ Uncertain

List the subjects you have taken in these years with the grades earned.

Grade 9

Grade 10

Grade 11

**Subject**

**Grade**

**Subject**

**Grade**

**Subject**

**Grade**

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State in your own words why you want to attend Granite Christian Academy. (To be completed by prospective student)

I certify that the information provided herein is true & accurate to the best of my knowledge. I understand that a submitted application does not constitute enrollment and that admission can be denied for any reason deemed appropriate by the administration of Granite Christian Academy.

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

Preferred Email: \_\_\_\_\_