



# Grace Classical Academy

## Admissions Application

### Names of Children Applying For Admission:

Please begin with the oldest child to the youngest. Please use your children's full legal names.

| Full Legal Name | Date of Birth | Sex | Grade Entering | Full/Part Time |
|-----------------|---------------|-----|----------------|----------------|
| _____           | _____         | M/F | _____          | _____          |
| _____           | _____         | M/F | _____          | _____          |
| _____           | _____         | M/F | _____          | _____          |
| _____           | _____         | M/F | _____          | _____          |

**NOTE:** A non-refundable application fee of \$350 is due with this application. This payment, along with your application, is required to begin the admissions process of your child. The receipt of these items, however, does not guarantee the enrollment of your child(ren).

How did you hear about Grace Classical Academy?:

\_\_\_\_\_

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\_\_\_\_\_

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Do you anticipate receiving or applying for financial aid or scholarship funds? If yes, please indicate which program:

Step-Up  McKay Scholarship  Other: \_\_\_\_\_

Grace Classical Academy admits students of any race, color, national and ethnic origin to all 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 programs, financial assistance and loan programs, athletic programs, and other school administered

programs and activities.

## **Family Information:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Family's Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Family's Preferred Email Address: \_\_\_\_\_

### **Father:**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Business#: \_\_\_\_\_

Cell #: \_\_\_\_\_

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

### **Mother:**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Business #: \_\_\_\_\_

Cell #: \_\_\_\_\_

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

### **Child lives with: Father Mother Both Legal Guardian**

If the child's parents are not married, please give the name and address of the non-custodial parent on a separate sheet of paper and indicate whether the non-custodial parent should receive information about the child's progress. Also include information regarding living arrangements for the child and who will have responsibility for payment of tuition.

## **Student Information:**

Please list all of the schools your child(ren) has/have previously attended beginning with the most recent. *Please include the FULL address of each school.* If more space is needed, please provide the information on a separate sheet of paper.

| <b>Child Name</b> | <b>School Name</b> | <b>School Address</b> | <b>Dates:<br/>From/To</b> | <b>Grade<br/>Completed</b> |
|-------------------|--------------------|-----------------------|---------------------------|----------------------------|
|                   |                    |                       |                           |                            |
|                   |                    |                       |                           |                            |
|                   |                    |                       |                           |                            |
|                   |                    |                       |                           |                            |

**NOTE:** Grace Classical Academy is not staffed to teach children with significant learning disabilities or behavioral issues. We would appreciate your assistance in answering the following questions *as candidly as possible*. (If you are applying for more than one child, please note to which child you are referring.) Further elaboration on your answers or an interview with the child's prospective teacher may be required prior to classroom placement.

1. Does your child have any special learning needs (ADD, ADHD, Dyslexia, etc.) that would require regular or special attention in a classroom setting? Yes No. If yes, please explain:

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2. Has your child ever repeated a grade for any reason? Yes No If yes, please explain?

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3. Please describe any physical challenges (heart issues, allergies, hearing difficulties, speech impediments, asthma, etc.) and any serious illnesses, diseases, injuries or hospitalizations.

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4. Has your child been subject to severe disciplinary actions (ie suspension or expulsion from school) at any school he/she has attended? Yes No If yes, please explain?

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### **Educational Goals and Expectations:**

If additional space is needed, please answer on an additional sheet of paper.

1. Please read and affirm the following statements:  
 Mission of School       Curriculum Focus       Learning Environment

2. Do you agree to have your children taught in accordance with the statements listed above?  Yes  No Are there any points in our Mission, Curriculum Focus or Learning Environment, which you do not agree with? If yes, please explain:

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3. Why do you want your children to attend Grace Classical Academy?

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4. How do you believe Classical Christian education will benefit your child?

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5. What concerns do you have regarding your child that would be helpful for us to know?

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My signature below evidences that the information in this application is correct to the best of my knowledge. I also state that I have read Grace Classical Academy's philosophy, mission and curriculum focus, and I understand that it constitutes the doctrinal beliefs of the school, and that I agree to have my children taught in accordance with such doctrinal beliefs.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to: [graceclassicalswfl@gmail.com](mailto:graceclassicalswfl@gmail.com), or mail to:  
Grace Classical Academy  
P.O. Box 1012  
Bonita Springs, FL 34133

If you have any questions, please call us at (239) 247-2479

**For Office Use Only. Do Not Write Below This Line.**

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Enrollment Received (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

Application Fee Paid: Yes    No  
Cash\_\_\_\_ Check\_\_\_\_ Number\_\_\_\_  
Amount:\_\_\_\_\_

By:\_\_\_\_\_

Notes/ Comments:

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