

Payment Plan Selected:

Monthly Pmts _____

Two Payments _____
(available for *full-year*
students only)

One Payment _____



Gloucester County Christian School

151 Golf Club Road, Sewell, NJ 08080

(856) 589-1665 FAX (856) 582-4989

A Ministry of Hardingville Bible Church

For School Use Only:

Date _____

Check # _____

Amount _____

Date _____

Check # _____

Amount _____

NEW STUDENT APPLICATION FOR ADMISSION

(To be accompanied by Registration Fee)

Application date _____

Date enrollment begins _____

| | | | | |
|---------------------------------------|------------------------|--|---------------------|---|
| <u>Student's Name</u> | | | | |
| <u>Last</u> | <u>First</u> | <u>MI</u> | | |
| <u>Home Address</u> | | <u>City</u> | <u>State</u> | <u>Zip</u> |
| <u>Date of Birth</u> | <u>Gender</u> M F | <u>Home Phone</u> | <u>Family Email</u> | OK to publish in GCCS directory? __ Yes __ No |
| <u>Grade Last Attended/Attending</u> | <u>Repeated Grades</u> | <u>Grade Entering</u> (State number of full/half days per week for Pre-K/ Kindergarten applicant) | | |
| <u>Last School Attended/Attending</u> | | <u>Number of Years in Attendance</u> | | |
| <u>School Address</u> | | <u>City</u> | <u>State</u> | <u>Zip</u> |

Special Physical Disabilities _____

Explain nature of any disciplinary, emotional, or academic problems _____

Has the applicant ever been dismissed? _____ **Suspended?** _____

If yes, please explain: _____

Parent(s) with whom student lives:

Father's Name

Mother's Name

Father's Occupation

Mother's Occupation

Father's Employer

Mother's Employer

Father's Cell Phone

Work Phone

Mother's Cell Phone

Work Phone

Parent(s) with whom student does not live: Add to mailing list? ___ Yes ___ No

Name(s) _____ Address _____

Home Phone _____

Name of church presently attending: _____

Address: _____

Pastor: _____ Church Phone Number: _____

Does the applicant attend Sunday School? Yes No

What are your reasons for having you child enrolled in a Christian school? _____

Please read the attached Doctrinal Statement to be aware of the doctrinal beliefs of Hardingville Bible Church and Gloucester County Christian School.

In signing below, I/We understand and acknowledge that:

1. The doctrinal statement of the school will be foundational to all learning, chapels, events and activities, and that the standards of the student handbook will be enforced.
2. Our child will participate in field trips and other school activities.
3. The teacher has full discretion in the classroom discipline of our child.
4. GCCS reserves the right to suspend, dismiss, or deny re-enrollment to our child and/or family if there is refusal to cooperate in the disciplinary, spiritual, or educational, and/or administrative processes of the school.
5. In the event that our child is not enrolled for the entire year, we are responsible for the payment of prorated tuition and fees for the time that our child was enrolled.
6. GCCS will withhold all academic records, including report cards, transcripts, and diplomas, until all tuition and fees have been paid.
7. The GCCS student accident insurance policy coverage is secondary to all other medical insurance coverage that the student has for major injuries.
8. We will be expected to cooperate fully in the following ways by:
 - a. Becoming practically involved in the life of the school.
 - b. Praying regularly for the school and its needs.
 - c. Making all payments for tuition, fees and other financial obligations on a timely basis.

Father's Signature

Mother's Signature

I/We select the following payment plan for tuition and fees for the school year:

- _____ One payment in full (Due August 15th)
- _____ Two payments (Due August 15th and January 15th) – *available for full-year students only*
- _____ Monthly payments (For the 10 months of August thru May for a full school year)

Signature of Financially Responsible Party

Date

Name (printed): _____

Address (if different from that of student): _____

Phone Number: (_____) - _____