



## Application for Admission 2018-2019

Date of Application \_\_\_\_\_ Applying for Grade: Pre-K K 1 2 3 4 5 6

Student's Full Legal Name \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Language at home \_\_\_\_\_

American Citizen (Copy of Birth Certificate required)  Landed Immigrant (Documents required)  Student Visa (Documents required)

Father  Stepfather  Mother  Stepmother

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_  
# Street

Home Address \_\_\_\_\_  
# Street

City State Zip

City State Zip

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Local Church Membership \_\_\_\_\_

Local Church Membership \_\_\_\_\_

Parents are:  Married  Separated  Divorced  Widow(er)  Single

Child lives with:  Both Parents  Mother  Father  Guardian  Home stay

**Legal Guardian (if applicable):**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

If the parents/guardian cannot be reached in case of early school closure, please contact:

\_\_\_\_\_  
Name Contact Phone Number Relationship to Student

**Student History:**

Previous School Attended \_\_\_\_\_

Name City State

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Has your child ever been suspended from school or asked to leave? Yes No (If yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

Are there any court orders currently affecting this student? Yes No (If yes, please explain and provide a copy of the legal documents)

\_\_\_\_\_  
\_\_\_\_\_

Do you have an outstanding account at GACS? Yes No At another school? Yes No

If so, state where \_\_\_\_\_

Within the last year, has the student used

Tobacco? Yes No

Alcohol? Yes No

Drugs? Yes No (Other than prescription?)

Name and address of person to whom financial statements are to be sent if different from the home address:

Name \_\_\_\_\_

Address \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

### Student Contract

I have read the current school handbook and understand that it is my choice to attend Garland Christian Adventist School. I either already have a personal relationship with God or I am willing to experience the same. I am willing to participate in the religious training provided by the Seventh-day Adventist Church. If accepted as a student, I agree to willingly obey all printed and announced regulations and understand that any failure to do so may jeopardize my enrollment at Garland Christian Adventist School. (If student is unable to read, parents have explained handbook.)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### Parental/Guardian Contract

I understand that withholding or misrepresenting information in this application may jeopardize admission or enrollment at Garland Christian Adventist School. My signature below indicates that all information contained in this application is correct, complete, and honestly presented. I have read and agree with the concepts presented in the current school handbook. I agree to support the principles and policies of the Garland Christian Adventist School. My financial obligation is clearly understood, and I agree to pay my child's account each month, unless arranged otherwise in advance. I further agree to wait for a transcript of grades until my child's account is paid in full. I will encourage my child to cooperate with the principles and spirit of Garland Christian Adventist School.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### Home & School Student Directory

I consent to have my child(ren) listed in the GCAS Home & School Student Directory \_\_\_\_\_  
initials

I do not consent to have my child(ren) listed in the GCAS Home & School Student Directory \_\_\_\_\_  
initials

**Media Consent**

I consent to having media (photo, audio, video, etc.) and/or a work sample of my child(ren) used by GCAS in the yearbook, newsletters and other promotional material for the school or the TX Conference Office of Education.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Emergency Information**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Daytime Number

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

\_\_\_\_\_  
Daytime Number

\_\_\_\_\_  
If parents/guardian cannot be reached for medical  
Emergency, please contact (REQUIRED)

\_\_\_\_\_  
Daytime Number

\_\_\_\_\_  
Student's Doctor's Name

\_\_\_\_\_  
Dr.'s Office Number

\_\_\_\_\_  
Parents' Mailing Address

\_\_\_\_\_  
City, State, Zip

**Continuing Consent to Treat 2018-2019 School Year**

We/I, the undersigned parent(s)/guardian of \_\_\_\_\_ a minor, do hereby consent to any x-ray examination, anesthetic, a medical or surgical diagnosis or treatment that any hospital services may render to said minor under the general or special instructions of Garland Christian Adventist School personnel, whether said diagnosis or treatment is rendered at the office of said physician/dentist or at a licensed hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage the school personnel and said physician/dentist to exercise his/her best judgment as to the requirements of such diagnosis or treatment.

It is also understood that every possible attempt will be made to contact the parents first. Only in case of extreme emergency and failure to contact parents will this apply.

Is there an illness/ailment/condition that we should be aware of? (i.e., allergies, asthma, diabetes, etc.)  Yes  No (If yes, please explain)

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Financial Application  
2018-2019**

**Garland Christian Adventist School**  
1702 E. Centerville Road  
Garland, TX 75041  
Phone (972) 271-1154

**Fee Schedule  
Grade Pre-K K 1 2 3 4 5 6**

Registration Fee, per students	\$325
Supply Fee	\$75
Computer Fee	\$50

**Tuition Schedule per Student/per month (10 months)**

Grade	Tuition
Pre-K and Kindergarten	\$470
1 - 6	\$350

Method of Payment:  Cash  Check

\_\_\_\_\_  
Print Full Name of Person Responsible for Account

\_\_\_\_\_  
Signature of Person Responsible for Account

\_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_  
Phone

List Students in descending order by grade:

Last Name, First Name	Gr	RegFee	SupFee	Tuition	FamDisc	Net Fees \$12 – 2 <sup>nd</sup> \$24 – 3 <sup>rd</sup> +
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Total \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Person responsible for the Account

\_\_\_\_\_  
Signature of GCAS Representative

**Monthly Tuition is subject to change based on School Board Approval.**

### Account Information

In order for GCAS to maintain a fiscally responsible program it is important that all school accounts be paid each month in a timely manner. Please read the following very carefully:

- ✚ **Registration fee is non-refundable.** This annual amount covers the costs common to the students; i.e., accident insurance, textbooks, yearbooks. This fee is due at the time of registration and must be paid in advance of entering school.
- ✚ The entire balance at month end (including all additional charges) becomes due and payable on the first business day of the respective month. **If a payment is not received by the 10<sup>th</sup> of the month a \$25.00 late fee will be applied.**
- ✚ **If your account is 15 days past due**, you are obligated to contact the office to make payment arrangements. Report cards and official transcripts will not be released until you have a clear account.
- ✚ A \$35.00 fee will be charged on all returned checks.
- ✚ A 5% tuition discount is offered if full tuition is paid at the beginning of each school year.

**I have read, understand and agree to the above statement and terms of the Account Information.**

\_\_\_\_\_  
Student(s) Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Responsible for the Account

\_\_\_\_\_  
Signature of GCAS Representative

## Información Financiera

De manera para que la administración de la escuela pueda mantener un programa fiscalmente responsable, es importante que todas las cuentas de la escuela sean pagadas cada mes a tiempo. Lea por favor lo siguiente con mucho cuidado:

- ✚ **La cuota inscripción es una cantidad no reembolsable** y anual para cubrir los gastos comunes de los estudiantes; es decir el seguro contra accidentes, los libros de texto, y los anuarios. Esta cuota debe ser pagada al tiempo de registracion y debe ser pagada previo a la entrada.
- ✚ El balance total al fin del mes (incluyendo todo los cargos adicionales) debe ser pagada en el primer dia del mes respectivo. Si un pago no es recibido para **el 10 del mes, una cuota de \$25.00 adicional sera aplicada.**
- ✚ **Si su cuenta se atrasa 15 días,** usted esta obligado a ponerse en contacto con la oficina para hacer los arreglos necesarios. Las calificaciones o documentos escolares no seran transferidos a ninguna escuela hasta que la cuenta este pagada.
- ✚ Una cuota de \$35.00 sera cargada por cada cheque devuelto.
- ✚ Un descuento de 5% sera ofrecido si su cuenta es pagada en completo al principio de cada ano.

**He leído, entendido, y estoy de acuerdo con las declaraciones y terminos de la información de la cuenta.**

\_\_\_\_\_  
Nombre de estudiante(s)

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma de la persona responsable de la cuenta

\_\_\_\_\_  
Firma del representante de GCAS