

Phone

Georgia Christian School

"One Life at a Time for 100 Years"

Mailing Address:	Georgia Christian School, 4359 Dashei	Road, Valdosta,	GA 31601		
Telephone:	229-559-5131	Facsimile:	229-559-7401		
E-Mail Address:	gcsregistration@georgiachristian.org	Website:	www.georgiach	ristian.org	
Administration:	Dr. Brad Lawson, President	CEEB Code:	113075		
Mission Statement:	"Georgia Christian School will provide learning, responsible citizens, and the development, spiritual guidance and e	skills necessary t	o lead through ch	•	for
	Application	For Admi	ssion		
Student Name			Grade for 2	2018-2019	
How Did You Hear Al Yellow Pages Referred By:	oout Georgia Christian School? Billboard Benefit Dinner	Newspaper	Radio Chamber of Co		al Referral
Yellow Pages Referred By:		5к			al Referral
Yellow Pages Referred By: Please List Two Chara	Billboard Benefit Dinner	5к			al Referral
Yellow Pages Referred By: Please List Two Chara Reference 1	Billboard Benefit Dinner acter References (should not be family n	5к	Chamber of Co	ommerce	
Yellow Pages Referred By: Please List Two Chara Reference 1 Name	Billboard Benefit Dinner acter References (should not be family n	5к	Chamber of Co	ommerce	

Relationship to Student

Admission Requirements

Age Requirements

All Pre-K and Kindergarten Students Must meet the Following Requirements:

- K-3 Students must be 3 years old on or before September 1 and potty trained.
- K-4 Students must be 4 years old on or before September 1 and potty trained.

K5 - Students must be 5 years old on or befor	e September 1.	
Documentation		
Copy of Birth Certificate		
Georgia Form 3231 (This immunization fo	rm may be acquired from your physician or fro	m the Health Department)
Name/Address of Previous School (Comp	lete transcripts will be requested upon applica	ition submission)
Copy of Social Security Card		
Georgia Ear, Eye And Dental Form		
Interview with Parents, Student and Prince	ipal	
F	Parent Admission Comments	
Is there any important information you would lil	ke to share with the Georgia Christian School a	dmissions committee?
	Admissions Policy	
I certify that the applicant named below is of g is not currently dismissed, suspended or expell or criminal court; that he/she does not exhibit alcohol, or tobacco.	ed from any school; that he/she has not appear	ared before a juvenile
The applicant personally desires to attend Georgia Policies, rules and regulations of Georgia Christ asked to withdraw from school. I understand to illicit drugs will result in the immediate dismiss	ian School and that failure to do so could resulhat the violation of certain policies, such as the	t in him/her being
I understand that Georgia Christian School's mi environment that will include high academic ex for students within the normal range of intellig learning environments or trained special educa	spectations. I further understand the school is sence, conduct and achievement. GCS does not	staffed and equipped
I am aware that falsification of any application result in the dismissal of the applicant. Our sig information is true and correct and we agree to	natures below attest that we affirm that all of t	the following
Student Name	Student Signature	Date
Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date

Georgia Christian School 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 the administration of its educational policies, admissions policies, financial aid, athletic and other school-administered programs.

Student Form

First	Middle	Last		Suff	ix
Social Security Number	Grade Applying For	Present Grade		Public School St	udent is Zoned to Attend
If Applying for Pre-K Progran	า Please Select the Correct P	Program: Half-	Day Program	Full-Do	ny Program
Nickname	Birthdate (mm/dd/yyy	ry) Gender		Ethnicity	
Home Phone (xxx-xxx-xxxx)	Cell Phone (xxx-	-ххх-хххх)	- <u>-</u> Email		
Street	City		State	Zip	County
Denomination Student Custody Form		Church			
		Church Step-Parent if App	licable		
Student Custody Form					

Custodial Parent 1 Form

Custodial Parent I Demog	raphic Details:				
Salutation First	Mid	dle	Last		_
Birthdate (mm/dd/yyyy)	Marital Status	Gender	 -	Social Security Numbe	 er
Custodial Parent 1 Contac	t Information:				
Home Phone (xxx-xxx-xxxx)		Cell Phone (xxx-	xxx-xxxx)		
Email 1		Email 2			
Street	City		State	Zip	_
Custodial Parent 1 Employ	yment Information:				
Сотрапу	Occupation	1	Work Pl	hone	_
Street	City		State	Zip	_
Parent 1 Preferences:					
Does Parent 1 Hold Finance	cial Responsibility?	Yes	No		
Parent Alert is an alert sys Please make your selection Parent Alert: How Parent Alert: We Parent Alert: Do	on below: me Phone: Cell Phone: ork Phone:	ately alert all con	tacts in case of an	emergency or impo	ortant message.

Custodial Parent 2 Form

Custodial Parent 2 Demog	graphic Details:				
Salutation First	Mia	ldle	Last		
Birthdate (mm/dd/yyyy)	Marital Status	Gender			
Custodial Parent 2 Contac	t Information:				
Home Phone (xxx-xxx-xxxx)		Cell Phone (xxx-	ххх-хххх)		_
Email 1		Email 2			
Street	City		State	Zip	
Custodial Parent 2 Employ	yment Information:				
Company	Occupation	1	Work Ph	one	
Street	City		State	Zip	
Parent 2 Preferences:					
Does Parent 2 Hold Finance	cial Responsibility?	Yes	No No		
Parent Alert is an alert sys Please make your selection Parent Alert: How Parent Alert: We Parent Alert: De	on below: me Phone: Cell Phone: ork Phone:	ately alert all cont	tacts in case of an o	emergency or	important message.

Student Medical Form

Demographic Details:				
First	 Middle		Last	Suffix
Physician and Insurance	*			
Doctor			Insurance Company	
Doctor Phone			Policy Number	
Dentist			Group Number	
Dentist Phone				
Preferred Hospital				
Person Responsible for	Medical Expenses:			
Name		 Phone		
Permission to treat?	Please Check One:	Yes	No	
Medications:				
Medication 1	Dosage		Note	
Medication 2	Dosage		Note	
Medication 3	Dosage		Note	
My child may be treated w	vith topical medications	for minor injurie	s: Yes	No
My child may be treated w	vith Acetaminophen (Tyl	lenol) as the need	d may arise: Yes	No
My child may be treated w	vith Ibunrofen (Motrin) (as the need may	arise:	<u>—</u> П No
	man rouprojem (moarm) a	.s the need may	ш тег	Ш ^{**}
Medical Conditions:				
Condition 1			Condition 1 Note	
Condition 2			Condition 2 Note	
Condition 3			Condition 3 Note	
Allergies:				
Allergy 1			Allergy 1 Note	
Allergy 2			Allergy 2 Note	
Allergy 3			Allergy 3 Note	
. The makes at 1000 at			autations Calcard Liver	
				ergency, to seek medical
related to the accident		-		le for all charges for treatment
related to the accident	. or miness that hecessi	itutes suiu tieu	anciic.	
Parent/Legal Guardian's S			Date	

Emergency Contact Form

Please list the names of the individuals approved as Emergency Contacts for this student:

First: Last: Relationship: Home Phone Cell Phone: Work Phone: Email: Note:	
Home Phone Cell Phone: Work Phone:	
Email: Note:	
Emergency Contact 2	
Email: Note:	
Emergency Contact 3	
First: Last: Relationship:	
Home Phone Cell Phone: Work Phone:	
Email: Note:	
Emergency Contact 4	
First: Last: Relationship:	
Home Phone Cell Phone: Work Phone:	
Email: Note:	
Transportation Form	
Please list the names of the individuals approved as Transportation Contacts for this student:	
Transportation Contact 1 First: Last: Relationship:	
·	
Email: Note:	
Transportation Contact 2	
First: Last: Relationship:	
Home Phone Cell Phone: Work Phone:	
Email: Note:	
Transportation Contact 3	
First: Last: Relationship:	
Home Phone Cell Phone: Work Phone:	
Email: Note:	
Transportation Contact 4	
Transportation Contact 4 First: Last: Relationship:	
Home Phone Cell Phone: Work Phone:	
Email: Note:	

GrandParents

Demographic Details:						
Salutation	First		Middle	Last		
Birthdate (mm/dd/yyyy)	 Gender					
Grandparent: Yes	No					
Contact Information:						
Home Phone (xxx-xxx-xxxx	:)		Cell Phone (xxx-xxx-xxx	x)		
Email 1			Email 2			
Street	 -	City		State	Zip	
			Release For	m		
General Release						
trip. field trip. NO, my child doe Bus and Van Permission YES, my child ha	es not have perm	iission to ide in a G	go on school field trip Georgia Christian Schoo	s. ol van or bus	his/her class are partic s on field trips. van or bus on field tri	
newspaper, school newspaper, s	hoto and/or picto ool newsletters, b hoto and/or picto hoto and/or picto	orochures ure may i ure may	be published in schoo , billboards, videos et not be published in sch be published in the ye not be published in the	c. nool related arbook. e yearbook.		
Parent Sianature				Date		

Financial Information

Payment Policy

It is my understanding that all tuition and fees for the school year are payable and due at the time of enrollment. The election of a monthly payment plan **does not release me from this obligation.** I understand that I am responsible for keeping my tuition payments current during the time my child is enrolled. Accounts that are more than two months delinquent and satisfactory arrangements have not been made will result in the student being dropped from class. I have the option to prepay the tuition in one annual payment, two semester payments or monthly on a ten month schedule or a twelve month schedule. These payments are made directly to FACTS.

I understand that if I choose to make the annual payment, the payment is due on or before August 1, 2018. By paying my tuition in full by August 1, 2018 I understand that my registration fees will be waived.

I understand that if I choose to make the two semester payments, the 1st semester payment is due August 1, 2018, and the 2nd semester payment is due December 1, 2018.

I understand that if I choose the twelve month payment plan, payments are budgeted over a period of 12 months. The 12 month payment plan begins June 1, 2018 and continues through May 1, 2019.

I understand that if I choose the ten month payment plan, payments are budgeted over a period of 10 months. The 10 month payment plan begins July 1, 2018 and continues through April 1, 2019.

Arrangements for tuition and other financial obligations must be completed before the student starts classes. All families must be:

- 1. Current to begin school
- 2. Current at Mid-term
- 3. Current to graduate (all grades)

Grades or report cards will not be issued at mid-term or end of the year unless tuition is current. Transcripts and other materials will not be sent to another school while the account remains open.

Late Fees: Late fees are assessed on the 10th of each month at the rate of *ten percent* of the monthly payment.

Late Registration: Tuition will be prorated only after October 15, 2018 of the first semester and February 15, 2019 of the second semester. Late registrants are still responsible for full registration fees.

Refunds: If an annual or semester tuition payment has been made and the student is either expelled or withdraws because of disciplinary or academic problems, tuition monies **WILL NOT** be refunded.

Withdrawal Penalty: There will be a fee of \$500 (per family) charged for withdrawal of registered student(s) after August 7, 2018 for any reason other than moving away or mutual agreement between Georgia Christian School Board of Directors and the parent. The remainder of the New Bus Fee must be paid as well.

Any student who is on the 10 month payment plan or the 12 month payment plan who is either expelled or withdraws due to disciplinary or academic problems is obligated to pay tuition for the balance of the academic year.

A limited amount of needs-based financial aid is available to students who qualify. Applications may be picked up in the business office. All financial aid applications are due in the business office by May 1, 2018.

I have read the above policy statements and agree to be governed by these policies of Georgia Christian School.

Parents Signature	Date of Agreement

Tuition And Fees 2018-2019 School Term

Early Registration Fee: (Due by May 1)	\$200 (Non-refundable) fee for each returning student due at the time of registration.
Registration After May 1st:	\$300 (Non-refundable) fee for each returning student due at the time of registration.
New Student Registration Fee:	\$200 (Non-refundable) fee for each new student due at the time of application.
Application Fee for New Students:	\$50 (Non-refundable) fee for each new student due at the time of application.
New Bus Fee:	\$100 (Non-refundable) fee for each student due at time of registration or included in tuition.

Tuition Payment Options:	Full Year Payment Plan	Semester Payment Plan	12 Month Payment Plan (Student must be Registered and enrolled by May 4, 2018)	10 Month Payment Plan
	Due August 1, 2018	1st payment due 08/01/2018 2nd payment due 12/01/2018	Payments June 1, 2018-May 1, 2019	Payments July 1, 2018-April 1, 2019
K3 & K4 Half Day	\$2,818.00	\$1,409.00	\$234.83	\$281.80
K3 & K4 Full Day	\$4,108.00	\$2,054.00	\$342.33	\$410.80
Grades K5	\$4,737.00	\$2,368.50	\$394.75	\$473.70
Grades 1-5	\$5,517.00	\$2,758.50	\$459.75	\$551.70
Grades 6-8	\$5,954.00	\$2,977.00	\$496.17	\$595.40
Grades 9-12	\$6,401.00	\$3,200.50	\$533.42	\$640.10

Tuition fees include non-refundable activity fees such as game admissions, yearbook, school supplies, etc.

Student School Supplies

All supplies will be initially issued to each student, including required binders. After the initial issue students will only be responsible for writing utensils and filler paper as the year progresses. Students in High School math classes will also be responsible for the required Scientific Graphing Calculator. However, as with textbooks students who lose or damage items will be responsible for purchasing new items.

Pre-K Program

K-3 and K-4 classes will be limited to 6 half day students per class. Half day students remaining after 12 P.M. will be charged After-School Care prices.

After-School Care

An After-School Care Program will be offered for K3 -5th grades from 3:00 - 6:00 p.m. for a fee of \$3.75 per hour. Any student not picked up by 6:00 p.m. will be charged \$5.00 by the quarter hour thereafter with payment due the same day. The After-School Care Program payment is due on Friday of each week. The After-School Care Program will follow the school year calendar.

Transportation

Bus and Van Transportation is available for \$100.00 per month round trip or \$80.00 per month one way. **Fees are subject to change due to increasing fuel prices.

Spirit Wear

All students must wear the clothing apparel available through Diamond T Embroidery (to include the GCS logo). The only exception to this is in regards to pants. Only pants in the colors of khaki, navy blue, or black may be worn.