

Grace Fellowship Academy 605 Broad Street Oriental, NC 28571 (252) 670-2471

e-mail: admissions@gracefellowshipacademync.org

website: gracefellowshipacademync.org

Student Application

Student Information

	Student's Nam	е						
		First	Middle	Last				
	Date of Birth		Gender □ male □ female	S.S.#				
	Grade expecte	ed to enter	For school year					
	Address							
		Street	City	State	Zip			
	Best Student C	Contact Phon	е					
Please check box of parent with whom student resides.								
□ Fa	Father / Guardian What title format do you prefer? e.g. Mr., Dr., Col, etc. Name							
		First	Middle	Last				
	Address							
		street	city	state :	zip			
	Home Phone		Cell	e-mail				
	Employer	Business phone						
☐ Mother / Guardian What title format do you prefer? e.g. Miss., Mrs., Dr., etc.								
		First	Middle	Last				
	۸ ما ما برد د د د							
	Address	Street	City	State	Zip			
	Home Phone		Cell	e-mail				
	Employer	Business phone						

Siblings	s: 1	2	3					
	1Date of Birth	2	Date of Birth	Date of Birth				
Education	Current School							
	Current Grade							
Health R	Records							
	A copy of the student's im required by law, must be saccepted.							
	Immunization Exemption Form can be found on our website or by contacting GFA.							
	A \$100 annual enrollment (Due within 10 days of acc		application approval.					
Please li	st the aspects of our sch	ool which appeal to	you most in consider	ring enrollment.				
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In makir followin	ng this application for the	e admission of the al	bove name child, we c	declare the				
	We have acquainted ours and policies. We will coop of the school.	•		. •				
	We agree that our child(red discipline as practiced by		ect to the rules and regu	ulations of Christian				
	Parent or Guard	ian's Signature						

date