

# APPLICATION PROCEDURES 2012-2013

## Kindergarten – Grade 8

FILL OUT AND RETURN THE FOLLOWING FORMS (Only **complete** applications will be accepted):

- Student Profile – pg 3 (A current email address must be on file. Financial Statements, Report Cards, Newsletters, Patriot's Trumpet, and announcements will all be provided electronically to families.)
- Enrollment Information – pg 4
- Family Information – pgs 5 & 6
- Parent Commitment Form – pg 9
- Doctrinal Statement – pg 10
- Financial Commitment Form – pg 11
- Immunization Requirements & Health Form – pgs 13 & 14
- Transfer of Records (from previous school) – pg 15
- Authorization Agreement for Direct Payments – pg 17

1. ATTACH:

- Birth Certificate copy
- Proof of Immunizations
- Transcripts – Gr. 1-8 (if available) – Placement Testing may be required if transcripts are not provided by parent and/or previous school and a non-refundable fee of \$25.00 is required prior to testing. (See Kindergarten Placement Testing Information, #4 below).
- Prepayment Fee

2. **INTERVIEW PROCESS** – Registration of new students is handled on an individual basis. Once paperwork is submitted, an interview will be scheduled between the parents and administration. Middle School students also attend the interview. The interview process is an excellent opportunity to get to know you better and for you to learn more about our school. Acceptance of your child is determined by administration for grade placement or position on the waiting list. If you request to have your application removed, it must be in writing. Once accepted, the registration fee is non-refundable.

3. **KINDERGARTEN (ONLY) PLACEMENT TESTING** - Kindergarteners must meet requirements established by administration.

- a. Current Grace Community Christian Pre-School students will be tested for kindergarten readiness during school hours at no charge. However, if your child needs to be retested, a \$25.00 non-refundable testing fee will be required.
- b. New Applicants will be contacted to schedule testing pending acceptance. Prior to testing, a non-refundable \$25.00 testing fee is required.

5. FEES

- a. **Withdrawal Notice** - Written notification of withdrawal must be submitted before July 1<sup>st</sup> in order to avoid being charged 10% of annual tuition as stated on the financial commitment form.
- b. **Billing Statements** - are mailed the first week of the month (July-May). Your first tuition payment is due by July 1. A \$30.00 late fee will be charged for payments received after the 15<sup>th</sup> of the month.

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# STUDENT PROFILE

## Kindergarten – Grade 8 2012-2013

Office Use Only
ID# _____
Teacher _____
Grade Level _____
Homeroom _____
Start Date _____

STUDENT: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Goes By \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Church Attending \_\_\_\_\_

GRADE IN FALL (Circle One): Kindergarten–Half Day Kindergarten–Full Day Grade: 1 2 3 4 5 6 7 8

PRIMARY RESIDENCE	
<b>Parent / Guardian</b> <input type="checkbox"/> Responsible for bill Last Name _____ First Name _____ Relationship to child _____ Marital Status: ___Married ___Divorced ___Single ___Widowed ___Separated Address _____ City _____ State _____ Zip _____ Home# _____ Cell# _____ Email Address _____ Occupation _____ Work# _____ Employer _____ GCCS Alumni ___Yes___ No	<b>Parent / Guardian</b> <input type="checkbox"/> Responsible for bill Last Name _____ First Name _____ Relationship to child _____ Marital Status: ___Married ___Divorced ___Single ___Widowed ___Separated Address _____ City _____ State _____ Zip _____ Home# _____ Cell# _____ Email Address _____ Occupation _____ Work# _____ Employer _____ GCCS Alumni ___Yes___ No
If another party is responsible for billing, please inform the school office.	

Additional Residence - Parent / Guardian Information (Other than student's primary residence)	
<b>Parent/Guardian</b> <input type="checkbox"/> Responsible for bill Last Name _____ First Name _____ Relation _____ GCCS Alumni _____ Marital Status: ___Married ___Divorced ___Single ___Widowed ___Separated Address _____ City _____ State _____ Zip _____ Home# _____ Cell# _____ Email Address _____ Occupation _____ Work# _____ Employer _____	<b>Parent/Guardian</b> <input type="checkbox"/> Responsible for bill Last Name _____ First Name _____ Relation _____ GCCS Alumni _____ Marital Status: ___Married ___Divorced ___Single ___Widowed ___Separated Address _____ City _____ State _____ Zip _____ Home# _____ Cell# _____ Email Address _____ Occupation _____ Work# _____ Employer _____

EMERGENCY CONTACT INFORMATION (other than parents)	
<b>Contact #1</b> Last Name _____ First Name _____ Relation _____ Home _____ Cell _____ Work _____	<b>Contact #2</b> Last Name _____ First Name _____ Relation _____ Home _____ Cell _____ Work _____

MEDICAL INFORMATION	
Tylenol: Yes _ No _ Call _ Advil: Yes _ No _ Call _ Allergies: _____	
Doctor: _____	Phone: _____
Dentist: _____	Phone: _____
In the event of an emergency, and you are unable to contact me, you have my permission to seek medical care as deemed necessary. Also, I hereby give permission for my child to participate in field trips off campus under supervision of the school staff.	
Parent's Printed Name _____	Parent's Signature _____ Date _____

Documents Received: Date _____ Time _____	Office Use Only:	Cash/Check #- _____ Amount _____ Date _____ Initials _____
<input type="checkbox"/> Student Profile	<input type="checkbox"/> Financial Commitment Form	<input type="checkbox"/> Registration Payment
<input type="checkbox"/> Enrollment Information	<input type="checkbox"/> Immunizations & Health Form	<input type="checkbox"/> Interview Appointment
<input type="checkbox"/> Family Information	<input type="checkbox"/> Transfer of Records	<input type="checkbox"/> Application Status
<input type="checkbox"/> Parent Commitment Form	<input type="checkbox"/> Authorize Direct Payment	<input type="checkbox"/> Testing Appointment
<input type="checkbox"/> Doctrinal Statement	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> RenWeb _____
		Comments _____



# ENROLLMENT INFORMATION

## Kindergarten – Grade 8 2012-2013

STUDENT: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

GRADE IN FALL (Circle One): Kindergarten-AM Kindergarten-Full Day Grade 1 2 3 4 5 6 7 8

Name of school where above student is currently enrolled \_\_\_\_\_ Current Grade level \_\_\_\_\_

Number of children living in the home \_\_\_\_\_ Number of children enrolling at GCCS \_\_\_\_\_

NAMES OF OTHER CHILDREN	Sex M/F	Age	Grade	Date of Birth	School Attending
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

What are the strengths of your Son/Daughter? \_\_\_\_\_  
\_\_\_\_\_

Share your child's academic level of achievement (include testing, if applicable). \_\_\_\_\_  
\_\_\_\_\_

Have you been satisfied with the education your child has had until now? Yes \_\_\_ No \_\_\_ If not, in what areas do you desire improvement?  
\_\_\_\_\_

Has he/she taken Spanish? Yes \_\_\_ No \_\_\_ How many years? \_\_\_\_\_ Proficiency \_\_\_\_\_

Does your child play an instrument? Yes \_\_\_ No \_\_\_ If yes, which instrument? \_\_\_\_\_

Has student been tested or diagnosed with a learning disorder? Yes \_\_\_ No \_\_\_ If so, what type? \_\_\_\_\_  
\_\_\_\_\_

Has he/she ever needed tutoring? Yes \_\_\_ No \_\_\_ If so, list subject(s), how long and with whom? \_\_\_\_\_  
\_\_\_\_\_

List any physical disabilities, unusual factors, accidents or illnesses in the child's life? \_\_\_\_\_  
\_\_\_\_\_

Has student ever had any disciplinary difficulty in school? Yes \_\_\_ No \_\_\_ If so, state briefly \_\_\_\_\_  
\_\_\_\_\_

Has student ever been suspended from school or in trouble with the law or police? Yes \_\_\_ No \_\_\_ If so, in what capacity? \_\_\_\_\_  
\_\_\_\_\_

If parents are divorced, describe the relationship of the non-custodial parent and/or step-parent \_\_\_\_\_  
\_\_\_\_\_



# FAMILY INFORMATION

(This side to be filled out by FATHER/GUARDIAN)

Kindergarten – Grade 8 2012-2013

FAMILY MEMBER (filling out this form): Last Name \_\_\_\_\_ First Name \_\_\_\_\_

List all Enrolling Children: (First & Last Name) 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

## GCCS MISSION STATEMENT

Our mission statement is: "GCCS, as a ministry of Grace Community Church, is committed to the development of a student's spiritual life in Jesus Christ while pursuing academic excellence in a manner which honors and glorifies God based on the only infallible Word, the Bible."

How does your home and church life support us in our mission?

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

Do you regularly attend church? Yes\_\_\_ No\_\_\_ If yes, where? \_\_\_\_\_ How Long? \_\_\_\_\_

What does Jesus Christ mean to you? \_\_\_\_\_

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

What daily practices provide you with spiritual strength? \_\_\_\_\_

\_\_\_\_\_

What do you think are the characteristics of a Christian family? \_\_\_\_\_

\_\_\_\_\_

What church activities are you or your family involved in besides Sunday worship? \_\_\_\_\_

\_\_\_\_\_

Why have you chosen Grace Community Christian School for the education of your child and how did you hear about GCCS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your ideas of a Christian School? \_\_\_\_\_

\_\_\_\_\_

What expectations spiritually do you have for your child? \_\_\_\_\_

\_\_\_\_\_

What expectations educationally do you have for your child? \_\_\_\_\_

\_\_\_\_\_

What do you see as the three most basic priorities regarding the total education of your child?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Mother/Guardian Information to be filled out on reverse side)

# FAMILY INFORMATION

(This side to be filled out by MOTHER/GUARDIAN)

Kindergarten – Grade 8 2012-2013

FAMILY MEMBER (filling out this form): Last Name \_\_\_\_\_ First Name \_\_\_\_\_

List all Enrolling Children: (First & Last Name) 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

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How does your home and church life support us in our mission?

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

Do you regularly attend church? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_ How Long? \_\_\_\_\_

What does Jesus Christ mean to you? \_\_\_\_\_

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

What daily practices provide you with spiritual strength? \_\_\_\_\_

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

What do you think are the characteristics of a Christian family? \_\_\_\_\_

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

What church activities are you or your family involved in besides Sunday worship? \_\_\_\_\_

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

Why have you chosen Grace Community Christian School for the education of your child and how did you hear about GCCS? \_\_\_\_\_

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

What are your ideas of a Christian School? \_\_\_\_\_

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

What expectations spiritually do you have for your child? \_\_\_\_\_

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

What expectations educationally do you have for your child? \_\_\_\_\_

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

What do you see as the three most basic priorities regarding the total education of your child?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Father/Guardian Information to be filled out on reverse side)

## GCCS PARKING LOT POLICY AND PROCEDURE



To ensure a more **safe, secure, and efficient** school campus, the following procedures are required

### TRAFFIC DIRECTION AND TIMES – See map

- All traffic will flow from **east to west** from 7:45 – 8:45am and from 2:45 – 3:45pm
- **Drop-off** time is **8:10am** for grades K-8
- K-8 students arriving before 8:10am are to be at Before-School Care or participating in a school program (music, sports, etc.)
- No parking behind E-Building on K-8 school **half-days** from **11:00am – 12:30pm**

### ENTRANCE

- **ALL TRAFFIC FLOW IS EAST TO WEST!!** Enter campus from Dorsey Lane.
- **Form two lanes as you enter the parking lot** – left lane for Zone A; right lane for Zone B and Zone C.

### DROPOFF / PICKUP ZONES

All students in grades 1-8 will be dropped off and picked up in one of the two loading zones: (1) By the Information Center or (2) Behind the E-Buildings. Kindergarten – see Zone C below for pickup.

Students may enter / exit vehicles in the following zones:

- **ZONE A:** After turning at the Info Center, the right lane is used for unloading/loading, which is located adjacent to the sidewalk at the Worship Center and going all the way to the stop sign. Pull forward as spaces open up (never crossing into handicapped spaces.)

Students can only load into a vehicle from a loading zone – no crossing through parking.

Once students are unloaded / loaded, pull out into continuously moving lane to your left. There will be **NO drop-off or loading from this moving lane.** Proceed to stop sign and alternate turns.

Zone A has three exit options: (1) Turn right at crosswalk and proceed to Southern Avenue, (2) Turn right past basketball court and proceed to Southern Avenue, (3) Proceed to Dorsey Lane.

- **ZONE B:** The left lane behind the E-building is used for unloading/loading. The zone starts at the lockers. In the morning, be prepared to unload immediately to facilitate a smooth continuous traffic flow. Pull forward toward the stop sign as spaces open up. (Please, no multiple stops within a zone to unload different grade level students.)

Once students are unloaded/loaded, pull out into continuously moving lane to your right. There will be **NO unloading/loading from this moving lane.** Proceed to stop sign and alternate turns. Zone B exits onto Terrace Road.

- **ZONE C - KINDERGARTEN PICKUP:** Kindergarten students will be picked up in the secure, gated, shady area next to the Terrace Center. Only Kindergarten drivers are allowed in this drive area.
  - 1) Enter at Dorsey Lane (even at midday pickup).
  - 2) Continue behind the E-buildings (Zone B) and turn left to proceed toward the Terrace Center.
  - 3) Your child will be walked to you by a staff member and loaded into your vehicle.
  - 4) Students in grades 1-8 with a sibling in Kindergarten Full-Day may be picked up with the Kindergarten students in Zone C.
  - 5) Exit at the Terrace Center driveway.

### PRESCHOOL PARKING

All Preschool parents will bypass Zone A by the Worship Center to access the designated Preschool spaces east of the Worship Center. Students are encouraged to hold their parent's hand in the crosswalk.

Choose one of two exit options: (1) Turn right past basketball court and proceed to Southern Avenue, or (2) Proceed to Dorsey Lane.

Preschool can park behind E-Building to pick up at 11:30am or 1:00pm except on K-8 half day dismissals.

**HANDICAP PARKING**

There will be **no parking in any handicapped spots** between the Information Center and the crosswalk behind the Worship Center directly south of the median (without official insignia permit) for the following reasons:

- 1) It is against the law to park in a handicap spot. By ignoring the law, we are giving a very negative message to our children and to campus visitors.
- 2) We share our campus with the church. During the week and at unscheduled times these parking spaces are needed for handicapped visitors.

**TEACHER PARKING**

The spaces north of loading Zone B and the gym are designated teacher/staff parking **only**.

**PARKING NOTES**

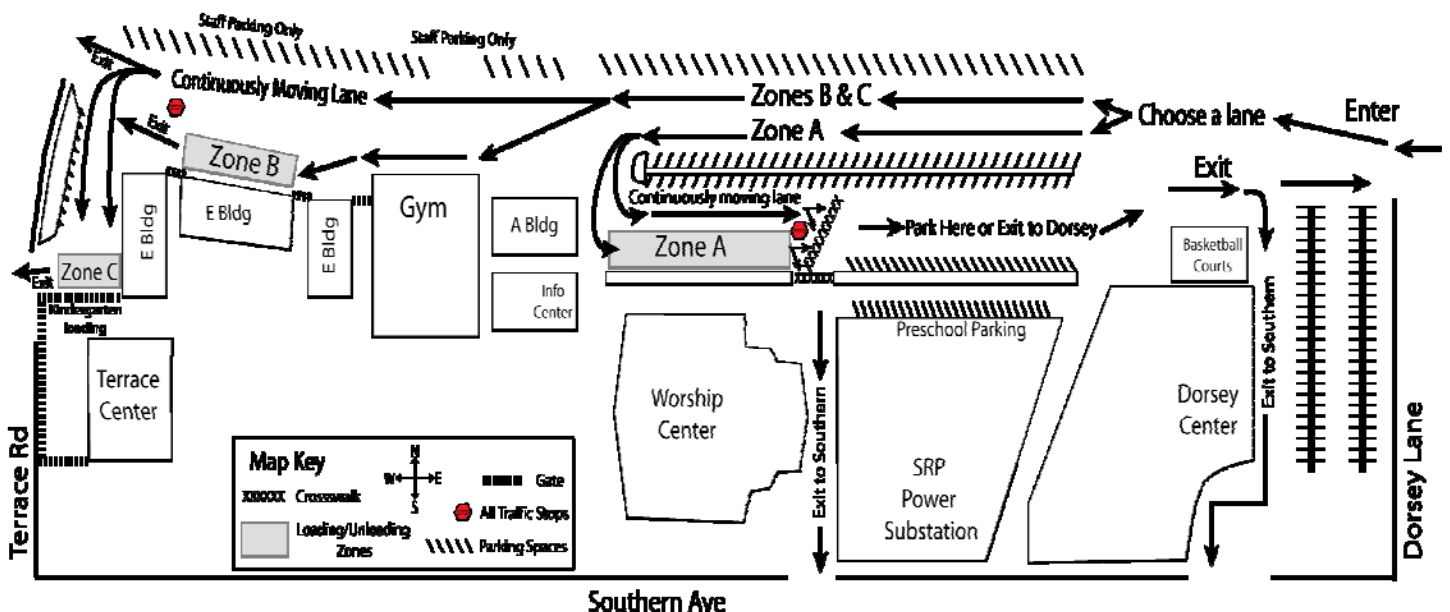
- In loading zones, stopped cars must always be placed in Park. Driver must always remain behind the wheel.
- No parking in Zone B behind E-Buildings during unloading/loading times (7:45-8:45am & 2:45-3:45pm).
- No parking in the spaces reserved for teachers/staff.
- No parking in the designated Preschool parking spaces east of the Worship Center unless you are a Preschool driver.
- No backing in. Parked cars should always pull forward into spaces.
- Never leave cars **unattended** in loading zones.

**IMPORTANT**

- To ensure the safety of all students and the efficiency of the loading process, the school desires that all students wait in a designated loading zone when being picked up after school. This will decrease foot traffic through the parking lot and in the crosswalks.
- If the driver needs to assist student(s) in/out of car, please park instead of using loading zones.
- It is understood that some students walk to and from school. These students will walk in appropriate crosswalks when leaving the campus.
- When the need arises for parents to park and come onto the campus, please use appropriate crosswalks.
- When school is dismissed, students should go directly to the loading zone that their parents have determined to insure an efficient pick-up time (Zone A or Zone B). Kindergarten students (and their siblings) go directly to Zone C.
- When school is dismissed, students who participate in After-School Care should go directly to After-School Care.
- All athletes going to Jason Field after school are required to use the crosswalks and sidewalks.
- Students on campus after 3:45pm must go to After-School Care unless they are participating in a school activity. Students may NOT wait at Dorsey Center to be picked up at the end of the school day.

**IF YOU NEED TO PARK, PLEASE PARK**

- Anywhere beyond the crosswalk; a crossing guard will assist students in the afternoons.
- To the north of the median by the Info Center. If you park here, you **MUST** use crosswalks.



# FAMILY SERVICE AGREEMENT



2012-2013

SERVING TOGETHER – STRENGTHENING OUR COMMUNITY

*Beginning in the 2012-2013 school year, families with students in K-8<sup>th</sup> grades will be REQUIRED to fulfill 20 service hours during the school year or pay a Family Service Fee.*

## *Purpose*

We are excited to implement a program that we believe will be vital to the success of Grace Community Christian School. Family service hours will strengthen the Grace community, help with the school's operating costs and support day to day operations.

## *How It Works*

- ◆ The Family Service Agreement calendar year runs May 1, 2012, through April 30, 2013. Hours do not carry over from year to year. Hours not fulfilled will be billed on the May 2013 statement.
- ◆ 20 hours of service is required per family. This can be completed by parents, guardians or grandparents.
- ◆ We understand that not all families can meet the 20 service hours. In lieu of service, a family shall pay a Family Service Fee of \$200.
- ◆ Each family must declare their intentions to either provide service or pay the fee at the time of re-enrollment/enrollment.
- ◆ Opportunities to serve will be made available by the school. It is the parent's responsibility to seek out these opportunities to fulfill their service hours.
- ◆ A log for recording service hours will be maintained in the school office. It is the responsibility of the family member to record their hours. We will rely on the honor system with our families.
- ◆ A family member who serves on the School Board, as a PTF officer, or as an event chairperson (such as Jog-A-Thon, Auction, etc.) will have fulfilled the entire 20 hours of service.
- ◆ Service outside of school hours for school activities (i.e. field trips) will count toward the 20 hours.
- ◆ Partial buyout is not available.
- ◆ Service hours cannot be transferred to another family.

### POINTS OF INTEREST

- ◆ Children of parents who are involved in their child's school are far more likely to succeed in the classroom and in life.
- ◆ Over the years, service has dropped off and many of the same families are the ones doing the service.



1200 E. Southern Ave.  
Tempe, AZ 85282  
480-966-5022

[WWW.GCCSAZ.ORG](http://WWW.GCCSAZ.ORG)



**OPPORTUNITIES TO SERVE**

"WHATEVER YOU DO, WORK AT IT WITH ALL YOUR HEART, AS WORKING FOR THE LORD, ... IT IS THE LORD CHRIST YOU ARE SERVING."

COLOSSIANS 3:23-24

**Classroom**

- Room Mom
- 8th grade fundraising assistant
- 8th grade grad trip coordinator
- Art Masterpiece
- Bible Verse Helper
- Bulletin Boards
- Country Store - 4th grade
- Field Trip Coordinator
- Field Trip Driver
- Grade Papers
- Home projects for teachers (ie cut out things)
- Lunchtime Helper
- Student Council Assistant
- Volunteer

**Committees**

- PTF Officer\*
- Auction Committee\*
- Education Committee
- Jogathon Committee\*
- School Board\*

**ACSI Events**

- Geography Bee
- Math Olympics
- Speech Meet
- Spelling Bee

**Other** (Use your imagination)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Specials**

- Computer Helper
- Athletics - Coach/Scoreboard
- Grace Gives
- Library Helper
- Music Program Assistant
- Music Programs - Props/ Set Design/Costume Coordinator
- Music Room Mom
- Yearbook Design
- Yearbook Photographer

**Service**

- Event Setup
- Clean out lockers (August & May)
- Clean window blinds
- Cleaning
- Crossing Guard
- Data Entry
- Dust Rooms
- Event Cleanup
- Handyman
- Office Assistance
- Painting
- Recess Duty
- Recycling
- School Picture Day Assistant
- TRIP Coordinator
- Tutor
- Volunteer Coordinator
- Wash windows

**Events**

- 8<sup>th</sup> Grade Reception
- Art Fair Judge
- Art Fair Set-up
- Book Fair
- Leadership Camp\*
- Open House
- Science Camp\*
- Science Fair Judge
- Vision/Hearing Screening

**PTF**

(Parent Teacher Fellowship)

- Event Chair\*
- All School Picnic
- Blizzard / Jamba Juice Fundraisers
- Boxtop Coordinator
- Boxtop Helper
- Grandparent's Day
- Meet the Teacher
- PTF Events
- PTF Welcome Back Coffee
- Staff Appreciation Lunches
- Student Store - Wednesdays

**Fundraisers**

- Jogathon
- Auction - Decorations
- Auction - Procure donations
- Auction Committee

**PARTICIPATION NOTES**

◆ Service is not limited to just items listed on this page. Additional opportunities will be made available as needs arise.

◆ Some opportunities require prior approval and/or requirements to participate.

◆ \*The 20 hour requirement is met by serving those areas marked with an \*.

# PARENT COMMITMENT FORM

## Kindergarten – 8<sup>th</sup> 2012-2013

*“The mission of Grace Community Christian School as a ministry of Grace Community Church is committed to the development of a student’s spiritual life in Jesus Christ while pursuing academic excellence in a manner which honors and glorifies God based on the only infallible Word, the Bible.”*

In order to fulfill this mission in the lives of our child:

1. I/we commit to pray for the school, students, faculty, administration, volunteers, and school board.
2. I/we agree to cooperate with the administration and faculty in support of the school programs, policies, and procedures.
3. I/we recognize that private education is in need of parental support. I/we agree to support the school by volunteering our time, attending events and activities, and participation in fundraising efforts.
4. I/we invest authority in the school to discipline our child when necessary. I/we further agree that we will cooperate and discipline our child in the home as needed.
5. I/we pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times.
6. I/we agree that if a conflict arises between our child/family and others in the GCCS family – students, parents, faculty, staff, and administration – we will, in the love of Christ and with prayer, register necessary complaints with the teachers or administration in compliance with the school grievance policy.
7. I/we understand that we will be assessed for damages caused by our child to GCCS property (including breakage of windows and abusing the personal property of others.)
8. I/we have been informed of and understand the Parking Policy of Grace Community Christian School and for the safety of our students agree to comply fully with this policy. We will also convey the parking policies to anyone picking up our child and understand that the policy will be strictly enforced.
9. I/we give the school permission to use images of my child on the school web site.
10. I/we give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. In the event of an emergency, and you are unable to contact me, you have my permission to seek medical care as deemed necessary.

The signing of this agreement constitutes a contract to abide by the rules and regulations of the school as established by the school board, the administration, the faculty and the student body of Grace Community Christian School.

I/we, the parents of \_\_\_\_\_ do hereby pledge our support of this agreement.  
Student Name(s)

Father/Guardian _____	_____	_____
Printed Name	Signature	Date

Mother/Guardian _____	_____	_____
Printed Name	Signature	Date

# DOCTRINAL STATEMENTS

## THE APOSTLES CREED

"I believe in God the Father Almighty, maker of heaven and earth. I believe in Jesus Christ, His only begotten Son, our Lord, who was conceived by the Holy Spirit, born of the Virgin Mary, suffered under Pontius Pilate, was crucified, dead and buried. He descended into hell. The third day He rose again from the dead. He ascended into heaven, and sitteth on the right hand of God, the Father Almighty. From thence He shall come to judge the quick and the dead.

I believe in the Holy Spirit, the holy Christian Church, the communion of saints, the forgiveness of sins, the resurrection of the body, and life everlasting. Amen."

## DOCTRINAL STATEMENT

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God. (2 Timothy 3:15-17; I Peter 1:23-25; Hebrews 4:12; John 20:31)
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Ghost. (Matthew 28:19; 3:16, 17; Luke 1:35; I John 5:7; 2 Corinthians 13:14)
3. We believe:
  - in the Deity of our Lord Jesus Christ (John 1:1,2; 10:30; 14:9)
  - in His virgin birth (Matthew 1:23)
  - in His sinless life (Hebrews 4:15)
  - in His miracles (John 2:11; Luke 1:1-4)
  - in His atoning death through His shed blood (Romans 3:23-26; I Corinthians 15:3; Colossians 1:14; John 1:7; Hebrews 10)
  - in His bodily resurrection (Matthew 28:6; Romans 1:4; I Corinthians 15:4)
  - in His ascension to the right hand of the Father (Luke 24:50, 51; Acts 1:9-11; Ephesians 1:20; Colossians 3:1; Hebrews 4:14; 8:1)
  - and in His future personal return in power and glory. (Acts 1:11; Titus 2:13)
4. We believe that through the personal acceptance of Jesus Christ by faith, a person becomes a Christian (John 1:12; Revelation 3:20) and his relationship with God is restored. The acceptance of Christ assures us that:
  - Christ comes into the life (Revelation 3:20)
  - Sins are forgiven (Colossians 1:14)
  - We become a child of God (John 1:12)
  - A new life with Christ begins (2 Corinthians 5:17; John 10:10b)
  - We are assured of heaven (John 11:25, 26; 17:3)
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a life pleasing to God. (1 Corinthians 6:19; Galatians 5:22-23; Ephesians 5:18)
6. We believe in the resurrection of both the Christian and the non-Christian; the Christian to everlasting life, the non-Christian to everlasting loss. (John 5:24-29; I Corinthians 15:20-28; Revelation 20:11-15)
7. We believe in the spiritual unity of believers in the Lord Jesus Christ. (Ephesians 4:4)

I have read and agree with the above Apostles Creed and Doctrinal Statement.

Father/Mother/Guardian \_\_\_\_\_  
(Printed Name)

Signature \_\_\_\_\_ Date \_\_\_\_\_



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# IMMUNIZATION REQUIREMENTS

Kindergarten – Grade 8 2012-2013

**Proof of immunization is required by the AZ Health Department for enrollment.**

**If your child is entering GCCS in August of 2012, the following immunizations must be completed and on file in our Health Coordinator's Office BEFORE they will be admitted to school:**

All Students are required to have the following Vaccinations:

- 5 DTP's / 4 OPV's / IPV / 2 MMR's / 3Hep B's (4DPT's and 3 OPV / IPV's are accepted if dose given on or after 4<sup>th</sup> birthday.)
- Varicella vaccine or proof of having chicken pox.
- Children 11 years of age and older who are in the 6<sup>th</sup>, 7<sup>th</sup>, & 8<sup>th</sup> grades, and whose previous DPT was more than 5 years ago, are required to have a Tdap.
- Children 11 years of age and older who are in the 6<sup>th</sup>, 7<sup>th</sup>, & 8<sup>th</sup> grades are required to have a Menactra (meningococcal) vaccine.

**Turn in a copy of your child's official records to the GCCS Health Coordinator before school begins.**

If your child started the Hep A series,  
please provide a copy of the 1<sup>st</sup> and 2<sup>nd</sup> immunization.

Thank you,  
Janie Mehlhorn & Cheryl Fleger  
GCCS Health Coordinators

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## DOCUMENTATION

House Bill #2295 went into effect on January 1, 1992 requiring all NEW school entrants to show VERIFIABLE DOCUMENTATION BEFORE the child can be admitted to school. The law pertains to ALL Arizona schools, both public AND private.

Parental recall of dates and types of immunizations received is not acceptable. Acceptable or "documented" proof of immunization includes:

- an immunization record book from any state, county or country stamped by Dr.
- a copy of an immunization record from a health agency, clinic
- Dr.'s record with a signature or clinic stamp, or
- on a paper with the clinic's or Dr.'s letterhead.

This documentation must show the date and type of dose administered. Copies of the above documented proofs of immunization are also acceptable. Exemption forms can be obtained from the Health Coordinator's office.

If you do not have documentation of your child's immunizations, you may need to obtain laboratory evidence of immunity.

Again, it is mandatory that documented proof of immunizations is received before school begins. Failure to comply with this mandate will place the school in the position of being unable to allow your child to begin classes until we receive the required immunization record.

If you have any questions, call GCCS at 480-966-5022 and ask for the health coordinator at extension 249.

We will be glad to assist you by making copies of any of your child's immunization records.

# HEALTH FORM

## Kindergarten – Grade 8 2012-2013

Office Use Only
ID# _____
Teacher _____
Grade Level _____
Homeroom _____
Start Date _____

STUDENT: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

GRADE IN FALL (Circle One): Kindergarten – AM    Kindergarten – Full Day    Grade: 1   2   3   4   5   6   7   8

Medical Information: Check appropriate box below. If answered yes, list details and date of occurrence on the lines provided.

Yes	No	Condition	Details	Dates
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Skin Allergy	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wears glasses	_____	Date of last eye exam _____
<input type="checkbox"/>	<input type="checkbox"/>	Hearing/Ear Problems	_____	Date of last hearing exam _____
<input type="checkbox"/>	<input type="checkbox"/>	Exposure to Tuberculosis	_____	Dates _____
<input type="checkbox"/>	<input type="checkbox"/>	Tested positive for HIV?	_____	Dates _____
<input type="checkbox"/>	<input type="checkbox"/>	Accident	_____	Dates _____
<input type="checkbox"/>	<input type="checkbox"/>	Accident	_____	Dates _____
<input type="checkbox"/>	<input type="checkbox"/>	Operation	_____	Dates _____
<input type="checkbox"/>	<input type="checkbox"/>	Operation	_____	Dates _____
<input type="checkbox"/>	<input type="checkbox"/>	Subject to Headaches? Explain	_____	

I give permission for my child to receive: (Circle answers) Tylenol yes / no / call    Advil yes / no / call

List any medications your child takes regularly and the condition for which they are taken. Is there any other health information we need to know?

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian Printed Name) have read and understand the immunization requirements, have filled

out the health form to the best of my knowledge, and  have turned in proof of required immunizations  
 will turn in proof of the required immunizations before the first day of school.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

## TRANSFER OF RECORDS

I hereby give my consent for \_\_\_\_\_  
(Last school attended)

Last School's Address: \_\_\_\_\_  
(Give complete street address)

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

to release all school records regarding my child,  
including academic, health and psychological records.

Student's Full Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Date of Birth: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

Forward information to: Student Records Department  
Grace Community Christian School  
1200 E Southern Ave  
Tempe AZ 85282

Father/Mother/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
(Printed Name)

Signature \_\_\_\_\_ Date \_\_\_\_\_

1200 E. Southern Avenue  
Tempe, AZ 85282-5606  
P 480 966 5022  
F 480 968 4166  
[www.gccsaz.org](http://www.gccsaz.org)

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# AUTHORIZATION AGREEMENT for DIRECT PAYMENTS (ACH Debits)

I (we) hereby authorize Grace Community Christian School, hereinafter called GCCS, to initiate debit entries on the 15<sup>th</sup> of the month to my (our) Checking Account (Debit Account) indicated below at the depository financial institution named below, hereinafter called Bank, and to debit the same to such account.

Bank Name/Branch	City	State
Bank Routing Number	Account Number	

This authorization is to remain in full force and effect until GCCS has received written notification from me (or either of us) of its termination by the first of the month in which such termination is to take effect.

Parent/Guardian/Other _____	Relationship _____
(Printed Name)	
Signature _____	Date _____
Parent/Guardian/Other _____	Relationship _____
(Printed Name)	
Signature _____	Date _____

**NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.**

Please attach a voided check here.

The bookkeeper will review your school account each month and take out the balance due on your statement. Statements are mailed before the first of the month so you will be aware of the amount taken out on the 15<sup>th</sup>.

YEAR:	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
2012												
2013												
2014												

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## Maricopa County Education Service Agency

Dear Private School Parents,

According to Arizona Revised Statute 15-802, a parent of a child between the age of six and sixteen must choose public, private, charter or home school for their child's education. Instruction in at least the subjects of reading, grammar, mathematics, social studies and science must be provided for every child.

If you have chosen the private school option, you are required by statute to file an affidavit of intent with the county school superintendent stating that your child is attending a regularly organized and structured private school. This Private School Affidavit of Intent must be registered with the county school superintendent within thirty days from the time your child begins school.

**IT IS NOT NECESSARY TO FILE AN AFFIDAVIT EVERY YEAR!**

- ◆ Your private school affidavit remains on file during the entire period of your child's enrollment in private school.
- ◆ You are required to notify the superintendent's office within thirty days when your child is no longer instructed in this private school.
- ◆ Your private school registration record is CONFIDENTIAL.

THE AFFIDAVIT ***MUST*** HAVE THE PARENT/GUARDIANS CONTACT INFORMATION AND THE STUDENT'S DATE OF BIRTH. THE AFFIDAVIT FORM MUST BE ***NOTARIZED!***

### **DEFINITIONS:**

**Affidavit**- A written statement made on oath before a notary public or other person authorized to administer oaths.

**Parent/Legal Guardian**- The natural or adoptive parent of a child, or a person who has custody of a child.

**Private School**- A non-public institution, other than the child's home, where academic instruction is provided for a least the same number of days and hours each year as the public school (180 days).

Thank You,  
*Private School Services*  
Superintendent of Schools, Maricopa County

4041 N. Central Avenue, Ste. 1100, Phoenix AZ 85012  
Phone 602-506-3866 • Fax 602-506-3753 • Homeschool Hotline 602-506-3144

[www.maricopa.gov/schools](http://www.maricopa.gov/schools)

Known as *experts*. *Renowned for service*.



## Maricopa County Education Service Agency

### PRIVATE SCHOOL AFFIDAVIT OF INTENT *Dr. Donald D. Covey-Maricopa County Superintendent of Schools*

**STUDENT INFORMATION:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(LAST, FIRST, MIDDLE)

DISTRICT OF RESIDENCE: \_\_\_\_\_

**GUARDIAN INFORMATION:**

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
(LAST, FIRST, MIDDLE)

GUARDIAN ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PRIVATE SCHOOL INFORMATION:**

PRIVATE SCHOOL NAME: GRACE COMMUNITY CHRISTIAN SCHOOL

ADDRESS OF SCHOOL: 1200 E. Southern Ave. CITY: Tempe ZIP: 85282

PHONE: 480-966-5022 E-MAIL: graceschool@gccaz.org

**ARIZONA STATE PRIVATE SCHOOL LAWS FOR REGISTRATION AS PRESCRIBED BY THE ARIZONA REVISED STATUTES:**

**15-802 A:** Every child between the ages of six and sixteen years shall attend a school and shall be provided instruction in at least the subjects of reading, grammar, mathematics, social studies and science. The person who has custody of the child shall choose a public, private, charter or home school as defined in this section to provide instruction.

Section 2. If the child will attend a private school or home school, file an affidavit of intent with the county school superintendent stating that the child is attending a regularly organized private school or is being provided with instruction in a home school. The affidavit of intent shall include:

- (a) The child's name.
- (b) The child's date of birth.
- (c) The current address of the school the child is attending.
- (d) The names, telephone numbers and addresses of the persons who currently have custody of the child.

**AUTHORIZATION:**

GUARDIAN SIGNATURE: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

NOTARY SIGNATURE: \_\_\_\_\_ STAMP: \_\_\_\_\_

**PRESCHOOL**

REGISTRATION FEE - \$100 (includes activities & T-shirt)			ANNUAL TUITION	MONTHLY TUITION	CLASSES OFFERED
2 Half Days	T/TH	8:30am - 11:30am	\$1700	\$170	3's, 4's
2 Full Days	T/TH	8:30am - 3:00pm	\$2600	\$260	3's, 4's
3 Half Days	MWF	8:30am - 11:30am	\$2550	\$255	3's, 4's, 5's
3 Full Days	MWF	8:30am - 3:00pm	\$3000	\$300	3's, 4's, 5's
5 Half Days	M-F	8:30am - 11:30am	\$3250	\$325	4's, 5's
5 Full Days	M-F	8:30am - 3:00pm	\$4250	\$425	4's, 5's

**LUNCH BUNCH** Available for all **half day** preschool classes listed above  
M-F 11:30am - 1:00pm \$6 per day on as needed basis

**EXTENDED CARE** Available for all **full day** preschool classes listed above  
M-F 3:00pm - 4:00pm \$4 per day on as needed basis  
M-F 3:00pm - 4:45pm \$6 per day on as needed basis

Preschool monthly tuition is payable for 10 months from August – May.

**KINDERGARTEN – ELEMENTARY (Grades 1-5) – MIDDLE SCHOOL (Grades 6-8)**

			ANNUAL	PREPAYMENT	BALANCE	MONTHLY
<b>KINDERGARTEN</b>						
Half Day	M-F	8:30am - 11:45am	\$3700	\$125	\$3575	\$325
Full Day	M-F	8:30am - 3:15pm	\$5835	\$225	\$5610	\$510
<b>GRADES 1-5</b>	M-F	8:30am - 3:15pm	\$6000	\$225	\$5775	\$525
<b>GRADES 6-8</b>	M-F	8:30am - 3:15pm	\$6385	\$225	\$6160	\$560

Prepayment tuition is due at time of enrollment and eligible to be paid by ACSTO or other STO's. Monthly tuition is payable for 11 months from July – May.

**FAMILY DISCOUNTS (Preschool - 8<sup>th</sup> grade)**

1 <sup>st</sup> Child	Regular Price
2 <sup>nd</sup> Child	5% discount
3 <sup>rd</sup> Child	10% discount
4 <sup>th</sup> Child and additional children	15% discount

The oldest child pays full tuition then discounts are determined by the descending ages of the children based on the tuition balance amount.

**EARLY PAYMENT DISCOUNT:**

- \$100 discount when total tuition is paid by June 15, 2012
- \$50 discount when total tuition is paid by July 13, 2012

**MISCELLANEOUS FEES (Kindergarten - 8<sup>th</sup> grade)**

Before School Care (7:00-8:15am)	\$4 per day
After School Care (3:30-4:30pm)	\$5 per day
After School Care (3:30-6:00pm)	\$8 per day
(Late pick-up fees apply after 6:00pm)	
Lunch Fee	\$4 per lunch
Jr. High Sports	varies by sport
Testing Fee	\$25

- Registration Fees / Tuition prepayment is due at time of enrollment and is non-refundable if the student is accepted.
- All payments are due on or before the 1<sup>st</sup> of the month.
- Students in K-8 enrolled after August 1<sup>st</sup> must bring account balance current to reflect the 11 month billing cycle.
- A \$30 late fee is assessed on the 16<sup>th</sup> of the month to any account not paid in full.
- A \$30 fee is charged for any check or Autopay returned by the bank.