



# Grandview Christian School

12340 Grandview Road, Grandview, MO 64030 \* Phone: 816.767.8630 \* Fax: 816.763.5029 \* Email: [gcs@gcseagles.com](mailto:gcs@gcseagles.com)

## K-12 ADMISSION UPDATE ~ 1st Student

### Student Information

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Candidate for \_\_\_\_ grade for 2021-22 year

Legal Name: \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_  
*(Last) (First) (Middle) (Nickname)*

Home Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student Cell Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student Email Address: \_\_\_\_\_ Cell Provider: \_\_\_\_\_ *(required for text msgs)*

Gender: M F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Home Church: \_\_\_\_\_  
*(Name) (Denomination)*

Applicant's Attend Church: Regularly | Frequently | Infrequently | Rarely | Never

Names/Ages of Siblings in Same Household: \_\_\_\_\_

### Check appropriate answers below:

- |   |     |    |
|---|-----|----|
| 1. Is the student currently taking any medication for behavioral control?.....                              | YES | NO |
| 2. Has the student misused or become addicted to drugs in the past 18 months?.....                          | YES | NO |
| 3. Has the student been tested, or referred for testing, for a learning disability in the past 18 months?.. | YES | NO |
| 4. Has your student received any other special help or tutoring?.....                                       | YES | NO |
| 5. Is the student currently receiving any counseling?.....  | YES | NO |
| 6. Does the student regularly require any medication?.....  | YES | NO |

If YES, provide all details of medications on page 3 of this application.

7. What languages are spoken in student's home? First: \_\_\_\_\_ Second: \_\_\_\_\_

*Note: If the answer to any of the above questions (#1-5) is YES, a letter of explanation must be included.*

### Custody of Student

Student resides with *(check one)*: Both parents | Mother | Father | Grandparent | Other \_\_\_\_\_  
*(Specify Relationship)*

It is Grandview Christian School's intention to serve our students as best we can. In regard to custody of children, please realize that unless we have legal documentation regarding custodial arrangements, we cannot legally prevent any parent from picking up their child. All documents regarding custody are kept in the student's permanent file. If you have specific concerns, please contact the school office.



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## Race/Ethnic Background

The following information is required for state recording purposes. Please indicate which Ethnicity and Race you consider to best fit your student:

**Ethnicity** (circle only one):

- a. **Hispanic/Latino/Spanish Origin**
- b. **NON** Hispanic/Latino/Spanish Origin

**Race** (circle all that you consider to apply):

- a. **American Indian or Alaska Native**
- b. **Asian**
- c. **Black/African American**
- d. **Caucasian**
- e. **Native Hawaiian or Other Pacific Islander**
- f. **Other:** \_\_\_\_\_ (specify)

**NON-DISCRIMINATION POLICY** – GRANDVIEW CHRISTIAN SCHOOL ADMITS STUDENTS OF ANY GENDER, RACE, COLOR, NATIONAL AND ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS OF THE SCHOOL. WE WELCOME STUDENTS OF ALL RACES AND NATIONALITIES WHO WILLFULLY SUBMIT TO THE STATEMENT OF FAITH.

## Parent/Guardian Information

### Father/Legal Guardian

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

Father's Address \_\_\_\_\_

Father's City, State, Zip \_\_\_\_\_

Father's **Home** Phone \_\_\_\_\_

Father's **Cell** Phone \_\_\_\_\_

**Service Provider** \_\_\_\_\_  
*(required to receive text msg)*

Father's Employer \_\_\_\_\_

Father's **Work** Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_  
*(PRINT CLEARLY)*

### Mother/Legal Guardian

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

Mother's Address \_\_\_\_\_

Mother's City, State, Zip \_\_\_\_\_

Mother's **Home** Phone \_\_\_\_\_

Mother's **Cell** Phone \_\_\_\_\_

**Service Provider** \_\_\_\_\_  
*(required to receive text msg)*

Mother's Employer \_\_\_\_\_

Mother's **Work** Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_  
*(PRINT CLEARLY)*

**Relationship** (if other than Father): \_\_\_\_\_

### **Check Status:**

Married (*same residence*)    Remarried    Separated

Divorced    Single (*never married*)    Widowed

**Relationship** (if other than Mother): \_\_\_\_\_

### **Check Status:**

Married (*same residence*)    Remarried    Separated

Divorced    Single (*never married*)    Widowed

Is either parent deceased? **YES** **NO** If yes, who and how long? \_\_\_\_\_



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## Emergency Information

The following information will be maintained in the classroom for easy access in the event of an emergency involving your student. It is important that all information is **completed fully and printed legibly** for use by emergency personal if/when necessary. *Attach additional sheets, if further detail needs to be provided.*

Student Name:

Student's Date of Birth:

Student's Home Address:

Student's Home Phone:

Father/Legal Guardian Work Phone:

Mother/Legal Guardian Work Phone:

Father/Legal Guardian Cell Phone:

Mother/Legal Guardian Cell Phone:

Physician:

Dentist:

Phone:

Phone:

Preferred Hospital:

Date of Last Tetanus Shot:

Health Insurance Provider:

Physical or Medical Conditions *(including Previous Operations or Serious Illnesses, as well as Hearing, Vision, or Speech loss or difficulties):*

Plan #:

Group #:

Policy/ID#:

Medications Taken on Regular Basis *(include dosage and frequency):*

Policyholder Name & Relationship:

*Attach copy of Insurance ID Card*

Allergies *(to Medications or Foods):*

Special Dietary Restrictions:



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## Alternate Emergency Contact Information

*In the event that we are not able to reach either parent, the individuals listed below will be contacted to assume responsibility for your student in an emergency. Persons listed below MUST be local.*

### 1<sup>st</sup> Emergency Contact

_____
Name
_____
Primary Phone
_____
Alternate Phone
_____
Relationship to Student

### 2<sup>nd</sup> Emergency Contact

_____
Name
_____
Primary Phone
_____
Alternate Phone
_____
Relationship to Student

## Emergency Medical Release

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_/\_\_\_\_\_

Father/Guardian's Signature / Date

\_\_\_\_\_/\_\_\_\_\_

Mother/Guardian's Signature / Date

*If the student lives with both parents, the release must be signed by both parents/guardians.*

## Authorized Pickup Persons

*List ANY individual (aside from parents, guardians, & emergency contacts already listed on this Admission Application) that you authorize to pick up, or check out, your student with **NO prior notification** to office personnel.*

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Note:** Please keep in mind that any individual picking up a student may be asked for a photo identification before the student is released to them, in the event that school personnel does not recognize them.



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Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

## Enrollment Permissions

Please **INITIAL** each line to indicate a **YES** response, OR **write 'NO'** if you decline a particular statement

1. \_\_\_\_\_ I/we do give permission for my student's image to be reproduced in classrooms and promotional materials for Grandview Christian School (*including, but not limited to, school websites, school newsletters, school newspaper articles, memory books, bulletin boards, as well as public advertisements, etc*)
2. \_\_\_\_\_ I/we do want to receive e-mails from the school regarding activities and other important information (*i.e. lunch account reminder, special events, etc*) at my preferred e-mail address, which is:

\_\_\_\_\_ *(list preferred family email address above, or emails cannot be sent)*

3. \_\_\_\_\_ I/we give permission for my family's contact information to be visible to other GCS parents through the school's secure Sycamore Education portal, including the following, **unless I have CROSSED them out:** Home Address, Home Phone, Cell Phones, & Email Addresses
4. \_\_\_\_\_ I/we give permission for the school to administer over-the-count pain relievers (*according to package directions*) to my student for minor aches and pains and I understand that Grandview Christian School and its personnel assume or accept no liability for dispensing these medications:

*(Circle all approved pain relievers)*

**Liquids (ages 5-11):** **Ibuprofen (Children's Motrin/Advil) ~ Acetaminophen (Children's Tylenol)**

**Tablets (ages 12 & up):** **Ibuprofen (i.e. Advil) ~ Acetaminophen (i.e. Tylenol)**

5. \_\_\_\_\_ I/we understand that we will need to complete a Medication Authorization form for ANY special medications (*i.e. inhalers, breathing treatments, asthma medications, allergy medications, epilepsy treatments, diabetic solutions, over-the-counter meds, etc*), that I/we desire to be dispensed to my student during the school day and understand that all such medication must be received and retained in the school office.



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## Extended Care Services Agreement

I/we agree to abide by the terms and conditions of the Extended Care plan that is selected below on this Admission\_Application in order for my Student to attend the Golden Eagle Preschool Extended Care Program.

\_\_\_\_\_/\_\_\_\_\_  
Father/Guardian's Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Mother/Guardian's Signature / Date

***If the student lives with both parents, the release must be signed by both parents/guardians.***

### Extended Care

Mark the appropriate boxes for the desired **Morning Care** and **After Care** plan, or the combination of the two. **If you do not have the regular need for these services, you MUST select DAILY for each.**

#### Morning Care

- Weekly**
- \$25/week (whether the service is used or not)
  - Payment due at the start of each week
- Daily**
- \$.75/per 15 minutes (or portion thereof)
  - Maximum daily charge is \$6.00 (if checked in at 6am)
  - Payment due as soon as they are charged to my Sycamore account each week

#### After Care

- Weekly**
- \$25/week (whether the service is used or not)
  - Payment due at the start of each week
- Daily**
- \$.75/per 15 minutes (or portion thereof)
  - Maximum daily charge is \$7.50 (if picked up at 6pm)
  - Payment due as soon as they are charged to my Sycamore account each week

**OR**

### Combined Morning & After Care

- Weekly**
- \$45/week, (whether the service is used or not)
  - Payable at the start of each week
- Daily**
- \$.75/minute, per 15 minutes or portion thereof ~ maximum daily charge is \$13.50 (if checked in at 6am and picked up at 6pm)
  - Payable as soon as they are charged to my Sycamore account each week

### Additional Services & Special Conditions

- **Early Dismissal** (when school is dismissed at noon) ~ \$15.00/day, for 1st student; \$22.00/day for 2 students; \$25.00/day for 3 or more students; discount will apply to those on any of the Weekly plans.
- **Full Day** (when school is NOT in session) [i.e. snow days or special breaks] ~ \$25.00/day, for 1st student; \$39.00/day for 2 students; \$45.00/day for 3 or more students; discount will apply to those on any of the Weekly plans
- A \$1.00/minute surcharge, per family, will apply any time that student(s) are not picked up (and signed out) by 6:00pm. A 'late pick-up' invoice will be given to you by the extended care teacher at the time of pick-up. Payment for the late pick-up is due in the school office by the following week.
- Child care during **special break times** (i.e. Spring break, Thanksgiving break, Christmas break, etc) will be provided on a sign-up basis only and is subject to an attendance minimum of 4 families. If care is needed during these times, you must contact the office at least 10 business days ahead of time to reserve a spot for your student.

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## Parent/Guardian Agreement

### Initial Each Statement Below to Acknowledge Your Agreement of Each

1. \_\_\_\_\_ I/We have read the Parent/Student Handbook and are in agreement with the Purpose, Philosophy and all rules of Grandview Christian School.
2. \_\_\_\_\_ I/We acknowledge the mission of Grandview Christian School and I/we agree that our student may participate in the Christ-centered curriculum, including weekly chapel services
3. \_\_\_\_\_ I/We understand and agree to enforce the dress standards. We also understand that if our student(s) wears inappropriate clothing to school that consequences will be given according to the Parent/Student Handbook.
4. \_\_\_\_\_ I/We give Grandview Christian School permission for my student to take part in all school activities, including field trips, bus trips, sport activities and any other school-sponsored trips away from the school premises, understanding that I will typically be given advance notice and that the school will provide adequate supervision to ensure the safety of all students.
  - a. \_\_\_\_\_ I/We understand that although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. Additionally, I/we understand that there are risk/dangers involved with participation in off-campus trips and their associated activities. In consideration of my student being allowed to participate in these events, I/we assume responsibility for those ordinary and reasonable risks associated with travel and activities.
  - b. \_\_\_\_\_ I/we agree to hold harmless Grandview Christian School, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my student's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.
5. \_\_\_\_\_ I/We agree that, in the event of an emergency illness or accident, the school has our permission to administer medication and/or medical assistance as necessary. If charges are incurred for medical attention, I agree to be responsible for any/all of those expenses.
6. \_\_\_\_\_ I/We agree that in the event my student runs a fever (100 or higher), or throws up, I will pick up my student and keep him/her out of school for a period of not less than 24 hours, after the fever has broken (or the last time he/she threw up).
7. \_\_\_\_\_ I/We give permission to my student's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures.
8. \_\_\_\_\_ I/We agree to hold the school and its agents harmless for the liability of my student or any guardian or parent thereof from any claims on behalf of my student against the school or any agent thereof because of any injury or alleged injury to my student.
  - a. \_\_\_\_\_ Furthermore, should legal action, for any reason, be taken against the school or any employee or agent thereof, on my student's behalf, and the school or its agent not be found at fault, I/we agree to pay any attorney fees, court fees, damages or other costs that Grandview Christian School or its agents should incur to defend itself against such action.
9. \_\_\_\_\_ I/We agree to guarantee payment of this student's school expenses, understanding the following:
  - a. \_\_\_\_\_ I/We agree to pay the annual enrollment fees (per student) before the student is allowed to start school at Grandview Christian School and I understand that these fees are fully earned and non-refundable. This includes the Registration Fee, Academic Fee & Activity Fee.
  - b. \_\_\_\_\_ I/We agree to pay the annual tuition at the start of the student's school year, or to pay through the automatic debit or recurring credit card payment program with 10 equal monthly payments, unless another form or frequency of payment is agreed upon at the time of registration.
    - i. \_\_\_\_\_ I/We understand that the tuition for August is due by August 15<sup>th</sup> and that tuition for succeeding months must be paid by the 15<sup>th</sup> of each month thereafter, unless another due date is agreed upon at the time of registration.



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- ii. \_\_\_\_\_ I/We understand that a late payment fee of \$20.00 will automatically apply for each tuition payment that is not received by the agreed upon due date and that to avoid late fees, arrangements must be made with the GCS financial secretary prior to the scheduled due date.
  - c. \_\_\_\_\_ I/We agree to pay all **'weekly'** extended care fees, based on the applicable signed agreement, at the start of each week via the method of payment agreed at registration.
    - i. \_\_\_\_\_ I/We understand that, in addition to the 'weekly' extended care rate, a \$5.00/day fee will apply to each early dismissal day that my student is present for and that this amount is due by the first of the week following the early dismissal and a \$15.00/day fee will apply to each 'full' day (snow day).
    - ii. \_\_\_\_\_ I/We understand that a late fee of \$1.00/minute, in addition to the 'weekly' extended care rate, will apply any time that my student is not picked up by 6:00pm on any given day and that it is due by the first of the week following the late pickup.
  - d. \_\_\_\_\_ I/We agree to pay all **'daily'** extended care fees, based on the applicable signed agreement, as soon as they are charged to my Sycamore account each week, via the method of payment agreed at registration.
    - i. \_\_\_\_\_ I/We understand that, in lieu of the 'daily' after care rate, a \$15.00/day fee will apply to each early dismissal day that my student is present for and that this amount is due by the first of the week following the early dismissal and a \$25.00/day fee will apply to each 'full' day (snow day).
    - ii. \_\_\_\_\_ I/We understand that a late fee of \$1.00/minute, in addition to the 'daily' extended care rate, will apply any time that my student is not picked up by 6:00pm on any given day and that it is due by the first of the week following the late pickup.
  - e. \_\_\_\_\_ I/We understand that a service fee of \$20.00 will automatically apply for ANY payment via check or automatic bank debit that is returned by your bank, no matter the reason and that replacement funds for the amount of the returned item, plus the \$20 service fee, is immediately due and payable via guaranteed funds, such as cash, certified check, money order, or credit/debit card.
10. \_\_\_\_\_ I/We agree to provide the school with up-to-date health and immunization records, as required by Missouri law and school policies, before he/she is granted admittance.
11. \_\_\_\_\_ I/We agree and understand that should school administration determine that our student does not adjust to Grandview Christian School and/or the school is unable to provide the special needs my student may require, our enrollment agreement with Grandview Christian School will be terminated.
  - a. \_\_\_\_\_ I/We understand that this includes any behavioral and/or learning difficulties that disrupt other students.
12. \_\_\_\_\_ I/We agree and understand that if my student is withdrawn and/or un-enrolled for any reason, or transfers to another school at any time, including upon graduation, their records will not be released to anyone until the account is paid in full, including all fees and fundraising commitment shortages, and all required books/materials are returned.
  - a. \_\_\_\_\_ I/We further acknowledge and accept that if student is withdrawn by the 6th day of the month, only 50% of the tuition will be due for that month, but if withdrawn on the 7th day (or later) of any month, tuition will be charged for the entire month. Note: 100% of all prior months will also be due.
  - b. \_\_\_\_\_ I/We further acknowledge and accept that there are no refunds or credits for temporary absences due to personal vacation, school vacations, illness, suspension, etc., nor are there any credits or refunds for distance/online learning that is implemented for health and/or safety reasons.
13. \_\_\_\_\_ I/We understand that the Grandview Christian School's primary means of communication is through the Sycamore Education online portal, to which I/we will be granted personal access, and I/we agree to login to the portal at least once per week for important notices and/or communications from the school, teachers and its representatives, as well as access to my student's lunch and childcare accounts.

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

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

Note: If student resides with both parents, both signatures are required.





## Computer Usage Agreement

*Parent may review and sign agreement for students in grades K-3. **Students in grade 4-12 must sign themselves.***

Access to the internet is a wonderful opportunity to interact with the world at large. The opportunity brings with it a number of responsibilities. In order to use the internet services available at Grandview Christian School, you must read the following information and sign the computer/internet agreement that follows.

1. The use of any GCS computer which provides access to the Internet is a privilege which may be revoked by instructors, staff, or administrators at any time for abusive or inappropriate conduct. Such conduct would include, but is not limited to the placing of unlawful information on or through the computer system, accessing another person's files or e-mail, and the use of obscene, abusive, or otherwise objectionable language or images in either public or private files or messages.
2. Because of the potentially large number of individuals who might need to use the computers for Internet as well as personal productivity, student access may be limited to a specified time, as provided by the instructor(s) and/or administration.
3. GCS reserves the right to inspect any material stored in files to which users have access and will edit or remove any material which the GCS staff, in its sole discretion, believes may be objectionable. Users of the computers/Internet will not use their account to obtain, view, download, or otherwise gain access to potentially objectionable materials. This includes text materials, video images, or sound files that may be considered objectionable.
4. GCS's Internet access is provided primarily for educational purposes under the direction of GCS staff. Non-educational use may be limited at any time by GCS staff.
5. Information services and features contained on the GCS network are intended for the private use of its patrons. Any commercial or other unauthorized use of those materials, in any form, is expressly forbidden.
6. GCS does not warrant that the functions of the system will meet specific requirements you may have, or that it will be error-free or uninterrupted; nor shall it be liable for any direct or indirect, incidental, or consequential damages (including lost data, information or profits) sustained or incurred in connection with the use, operation, or inability to use the system.
7. Students may be advised of changes or additions to rules and regulations of system usage from time to time by the faculty/administration of GCS. Users of computers/Internet are also subject to any such amendments to the rules and regulations.
8. GCS computers/network is intended for the exclusive use of its registered users. As a user, you are responsible for the use of your password and account. Any problems which arise from the user's account are the responsibility of the account holder. Any misuse will result in suspension of the account privileges.
9. Deletion, examination, copying, or modification of files and/or data belonging to other users without their prior consent is prohibited.
10. Commercial software is placed on the computer for the use and convenience of students and staff. Any unlawful use such as the copying of copyrighted material without the express written permission of the owner or the proper license is prohibited.
11. Any unauthorized, deliberate action which damages or disrupts a computer system (including the willful introduction of computer "viruses" or other disruptive/destructive programs), alters its normal performance, or causes it to malfunction is prohibited. Intentional attempts to "crash" network systems or programs are punishable disciplinary offenses.

I have read the GCS Computer/Internet Usage Agreement, understand it, and agree to adhere to the principles and procedures listed within. I also understand that additional rules and regulations may be added from time to time and that they become a part of this agreement. Should I break this agreement, I understand that I may lose all computer/Internet privileges. I also understand that inappropriate or illegal use of computer facilities could result in civil or criminal lawsuits. Parents and/or guardians may be held accountable for inappropriate use by their child.

\_\_\_\_\_  
**Student Signature\***

\_\_\_\_\_  
**Grade**

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

\_\_\_\_\_  
**Date**

**\*Signature required for all students in grades 4 through 12.**



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## For Office Use Only

- |  |   |
|--|---|
| <input type="checkbox"/> Admission <u>Update</u> App Received: _____ | <input type="checkbox"/> Birth Certificate On File: _____     |
| <input type="checkbox"/> COVID Release Received _____                | <input type="checkbox"/> Social Security Card On File: _____  |
| <input type="checkbox"/> Registration Fee Received: _____            | <input type="checkbox"/> Immunization Updates Received: _____ |
| <input type="checkbox"/> Academic Fee Received: _____                | <input type="checkbox"/> Sycamore Account Updated: _____      |
| <input type="checkbox"/> Activity Fee Received: _____                | <input type="checkbox"/> Sycamore Access Re-activated: _____  |
| <input type="checkbox"/> Payment Authorization Received: _____       | <input type="checkbox"/> Messaging Enabled: _____             |