



Grandview Christian School

12340 Grandview Road, Grandview, MO 64030 * Phone: 816.767.8630 * Fax: 816.763.5029 * Email: gcs@gcseagles.com

K-12 ADMISSION UPDATE ~ Additional Student

'Additional' 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: _____

Circle 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.

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.



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Custody of Student

Student resides with (circle 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.

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 msgs)

Father's Employer _____

Father's Work Phone _____

Father's Email Address _____
(PRINT CLEARLY)

Relationship (if other than Father): _____

Circle Status:

Married (*same residence*) Remarried Separated
Divorced Single (*never married*) Widowed

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 msgs)

Mother's Employer _____

Mother's Work Phone _____

Mother's Email Address _____
(PRINT CLEARLY)

Relationship (if other than Mother): _____

Circle Status:

Married (*same residence*) Remarried Separated
Divorced Single (*never married*) Widowed

Is either parent deceased? YES NO If yes, who and how long? _____

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.

1st Emergency Contact

Name

Primary Phone

Alternate Phone

Relationship to Student

2nd Emergency Contact

Name

Primary Phone

Alternate Phone

Relationship to Student



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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.

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.



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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:



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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Student Name: _____

Student Grade: _____

Additional Student Enrollment Permissions

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

- _____ 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*)
- _____ 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)**

- _____ 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.

For Office Use Only

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