



Gwinnett Christian Academy

2306 Bethany Church Rd
Snellville, GA 30039
Phone: (770) 982-3773

Office Use Only
Applying for Grade: _____
Deposit: _____
Date: _____ Initials: _____
Business Office: _____
Accepted on: _____

APPLICATION FOR ADMISSION

Please fill this form out completely

ADMISSIONS PROCESS

1. Submit completed application and registration fee (non-refundable)
2. Administrative review
3. Submit copies of report cards and standardized test results for the previous two school years
4. Admissions test (grades 4-10) or applicant interview with teacher (grades PK-3)
5. Administrative review
6. Submit letters of recommendation from the following: your pastor/minister, a former teacher, a personal friend/acquaintance
7. Attend family interview with applicant and custodial parents/guardians
8. Sign financial agreement, commitment forms, and records release form
9. Submit payment of one month's tuition (non-refundable)
10. Receive letter of acceptance

Please note that the school administration may suspend/terminate the admissions process at any time prior to acceptance.

I have read and understand the above admission process: _____
Parent/Guardian Signature _____ Date _____

APPLICANT INFORMATION

Applicant's Full Name _____
Last First Middle (Prefers to be called)

Applying for Grade: _____ School Year: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: _____ S.S. # _____

Home Phone: _____ Email: _____

Previous School Attended: _____ Years Attended: _____

Previous School Address: _____

Reasons for leaving previous school: _____

PARENT INFORMATION

Father/Guardian Natural Father Legal Guardian Custodial Parent Shared Custody Deceased

Name: _____
Last First

Same address as applicant Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Same phone Home Phone: _____ Same email Email: _____

Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

5. Is the applicant currently taking prescribed medications? If "yes," please list the medications and give an explanation for each.

6. Do you have any friends or acquaintances presently attending Gwinnett Christian Academy? If "yes," please list their names.

7. In what other way does the applicant spend his/her time? (music, art, drama, sports, hobbies, etc.)

8. What special awards, honors, or recognition has the applicant received?

9. How do you envision being active in supporting the education of your child within the Gwinnett Christian Academy community? (Prayer, homework, volunteering time and talents, financially, and etc.)

COMMUNICATION PREFERENCE

To whom should notices of school activities be sent: _____

Preferred communication method: Email Printed Copy Web Site

If Email, preferred email address: _____

PAYMENT INFORMATION

Person Responsible for all fees: _____

I/ we will be able to meet all required fees and payment: Yes No

FAMILY WORSHIP LIFE

Is the family active in a Bible-believing church? Yes No

Church Name: _____ Length of affiliation: _____

AFFIRMATION

I hereby affirm that all of the information contained in this application is true, accurate, and complete to the best of my knowledge. I understand that providing any false information would be sufficient reason for rejection of this application.

Signed: Father/Guardian: _____ Date: _____

Signed: Mother/Guardian: _____ Date: _____

NONDISCRIMINATION POLICY

Gwinnett Christian Academy admits students of any race, color, sex, national and ethnic origin to all rights, privileges, programs, and activities generally accorded to students at the school. We do not discriminate on the basis of race, color, sex or national origin in athletic and other school-administered programs.