



Helpful tips when completing the "Registration Form":

Home Address:

- Please fill in every line where it says "Home Address" with the complete address.
- We are not able to accept "same as", "see above" etc.

Home Phone Number:

- If you have a Home Phone number, please list in all the "Home Phone" spaces.
- If not, please put a cell phone number in all the "Home Phone" spaces.

Allergies:

- Please list all allergies and what is needed.
- If no allergies, please put N/A.

Persons or Agency having Legal Custody:

- If there are no legal custody issues, please put N/A.
- If there are custody issues, please complete that portion of the form and turn in the necessary legal paperwork.

Emergency Contacts:

- We need 2 local contacts with complete addresses and phone numbers.

Authorized Pickups:

- Please list everyone who you would like to pick up your child and their phone numbers.
- If they are not listed, we can't release your child without a written note from you or a phone call.
- They must show ID when they come to pick up your child.

****Friendly reminder...no blank spaces are allowed per Virginia state codes**



Registration Form

For office use only

5251-37 John Tyler Highway • Williamsburg, VA 23185
 (757) 345-0905 • gca@gcaroyals.org
 www.greenwoodchristianacademy.com

Student		Name Used	Date of Birth	Sex
LAST	FIRST	MIDDLE	/ /	
Student Address, City, State, Zip		Subdivision	Home Phone	
Allergies / chronic physical problems / special accommodations needed				
If child attends Greenwood Christian Academy and another school/program, please provide name of school/program:				
Previous preschool/daycare programs or schools attended:				
How did you hear about Greenwood Christian Academy? <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Realtor <input type="checkbox"/> GCA parent/alumni <input type="checkbox"/> Cross Walk Church <input type="checkbox"/> Other _____				
OPTIONAL Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> American Indian-Alaskan <input type="checkbox"/> Asian-Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Combined Ethnicities <input type="checkbox"/> Undeclared _____ <input type="checkbox"/> Other _____ (Information collected in this box is for reporting purposes for ACSI-Association of Christian Schools International)				

PARENT(S)/GUARDIAN(S)

Father	Place of Employment	Business phone
Home Address, City, State, Zip		Home phone
Email		Cell phone
Mother	Place of Employment	Business phone
Home Address, City, State, Zip		Home phone
Email		Cell phone
Person(s) or agency having legal custody of child		Cell Phone
Home Address, City, State, Zip		Home phone
Business Address, City, State, Zip		Business phone

Greenwood Christian Academy shall not discriminate on the basis of race, color, national or ethnic origin in administration of its education policies, admission policies, scholarships and loan programs, athletic programs, or other school administered programs.

EMERGENCY INFORMATION

Student's Physician	Phone
Local Emergency Contact #1 (if parents cannot be reached)	Address, City, State, Zip Phone
Local Emergency Contact #2 (if parents cannot be reached)	Address, City, State, Zip Phone

EMERGENCY MEDICAL AUTHORIZATION

Parent(s)/guardian(s) will be notified immediately if the child becomes ill while at Greenwood Christian Academy. If unable to reach the parents or one of the emergency contacts, the child will be isolated from other children until the parent/guardian arrives to pick up the child.

If an emergency occurs and the Greenwood staff is unable to contact/locate parent(s)/guardian immediately, I give Greenwood staff authorization for the child to receive emergency medical care.

Parent/guardian _____ **Date** _____

All Persons Authorized to pick up child**

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

****Appropriate paperwork (such as custody papers) shall be attached if a parent is not allowed to pick up child. All amendments to this information must be made in writing.**

FIELD TRIP AUTHORIZATION (Does not apply to students under the age of 4)

I give my child permission to participate on school trips.

Parent/guardian _____ **Date** _____

When your family attends church, where do you attend? _____

Are you active members? _____

Siblings

Name	Date of Birth		
_____	___/___/___	Brother	Sister
_____	___/___/___	Brother	Sister
_____	___/___/___	Brother	Sister

Please complete Educational and Developmental History

Student Educational History

For Elementary Students Only

For School Use:

Grade: _____

School Year: _____

List the past three K-5 schools student has attended beginning with the present school:

1. Current School: _____ For Grade(s): _____

City, State, Zip: _____ Phone number: () _____

Reason for leaving: _____

2. School: _____ For Grade(s): _____

City, State, Zip: _____ Phone number: () _____

Reason for leaving: _____

3. School: _____ For Grade(s): _____

City, State, Zip: _____ Phone number: () _____

Reason for leaving: _____

Why do you desire to have your child(ren) attend GCA? _____

Has student experienced any significant life changes in the last year? (Divorce, deployment, death of a family member)? _____ If yes, please explain on back of this sheet or attach another sheet of paper.

Does student take any medications on a regular basis? If yes, please indicate type and dosage:

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Has student repeated or skipped a grade? _____ If yes, please explain and indicate year and grade.

Does student have a history of any chronic physical or emotional condition or learning disability that has required or may require special attention at GCA? _____ If yes, please explain.

Has student ever received (or been recommended to receive) a child study team or psychological or psychiatric evaluation? _____ If yes, please explain and indicate when.

Has student been in a special education program? _____ If yes, has student successfully completed remediation and been mainstreamed to a typical academic program? _____

Does student have a current IEP or ISP? _____ If yes, please explain and provide a copy for review.

Over →

Has the student ever been in a serious disciplinary difficulty such as suspension, expulsion, or denied admission to another school? _____ If yes, please explain.

Are there concerns you'd like to discuss further regarding your child's potential transition to GCA?

What positive characteristics and/or strengths do you observe in your child?
