



Great Bridge Christian Academy
Application for Admissions
Infants through 12th Grade
2018-2019

Family Name: _____

Requirements

Application Fee – **Due upon receipt of application and is non-refundable.**

Book Fee – **Due by June 29th.**

Documentation (for each student)

Birth Certificate and Social Security Card

School Entrance Health Exam (new student, K5)

Updated immunization records (if not included with Health Exam Form)

FACTS online enrollment (exempt if paying in full or if enrolled in Infant/Toddler care)

Religiously Exemption MAT form signed

If applicable:

Signed transcript request form

Copy of standardized test results

Current copy of notarized custody documentation

Current IEP(s)/Learning Plans

****These documents are necessary for your child's enrollment. If they are not received or arrangements have not been made by the end of the second week of school a processing fee of \$100 per student will be added to your account.***

****If required documents have not been received, or arrangements have not been made, by September 30th, services may be temporarily suspended until all documents are turned in.***

FOR OFFICE USE ONLY

Date Received _____

Registration Pd \$ _____ / # _____ students Ck # _____, CSR # _____ TE _____

Billing Bag _____ Schedule _____ FACTS _____ Paid in Full _____ Credit Card _____

I. Students

Student Name: _____
First *Middle* *Last*
Nickname: _____ Male _____ Female _____ Birth Date: ____/____/____ Grade/Age: _____
Email Address: _____
Current/Previous School: _____

Student Name: _____
First *Middle* *Last*
Nickname: _____ Male _____ Female _____ Birth Date: ____/____/____ Grade/Age: _____
Email Address: _____
Current/Previous School: _____

Student Name: _____
First *Middle* *Last*
Nickname: _____ Male _____ Female _____ Birth Date: ____/____/____ Grade/Age: _____
Email Address: _____
Current/Previous School: _____

Student Name: _____
First *Middle* *Last*
Nickname: _____ Male _____ Female _____ Birth Date: ____/____/____ Grade/Age: _____
Email Address: _____
Current/Previous School: _____

II. Family

Primary Parent/Guardian (who the student resides with)

Miss Mrs. Mr.

First *MI* *Last*

Marital Status: Single Married Divorced

Relationship: _____

Address: _____

City: _____ St: _____ Zip: _____

Email: _____

Cell Number: _____

Work Number: _____

Occupation: _____

Secondary Parent/Guardian:

Miss Mrs. Mr.

First *MI* *Last*

Marital Status: Single Married Divorced

Relationship: _____

Address: _____

City: _____ St: _____ Zip: _____

Email: _____

Cell Number: _____

Work Number: _____

Occupation: _____

If divorced or separated please fill out the section below:

If yes, please indicate the type of custody ordered by the court:	<input type="checkbox"/> Joint	<input type="checkbox"/> Sole
If divorced, would like email communication to go to the other parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent: _____	Email: _____	
If the student resides with a different parent or legal guardian, please complete this section:		
Student(s): _____		
Legal Guardian/Parent: _____	Relationship: _____	
Address: _____	City: _____	St: _____ Zip: _____

III. Health and Medical

Name and explain any health condition(s), past or present, which need to be brought to the school's attention to safeguard your student(s), i.e. allergies, diabetes, seizures, asthma, emotional disorders, educational challenges.

Student: _____	Diagnosis: _____	
Medication needed: <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please specify _____	
Please mark any of the following that might apply to your child:		
Speech/Language <input type="checkbox"/> Yes <input type="checkbox"/> No	Emotional Issues <input type="checkbox"/> Yes <input type="checkbox"/> No	Current/Previous IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Learning Disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Issues <input type="checkbox"/> Yes <input type="checkbox"/> No	Academic Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Disciplinary Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
If marked yes to any of the above, please explain: _____		Expelled/asked to withdraw? <input type="checkbox"/> Yes <input type="checkbox"/> No

Student: _____	Diagnosis: _____	
Medication needed: <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please specify _____	
Please mark any of the following that might apply to your child:		
Speech/Language <input type="checkbox"/> Yes <input type="checkbox"/> No	Emotional Issues <input type="checkbox"/> Yes <input type="checkbox"/> No	Current/Previous IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Learning Disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Issues <input type="checkbox"/> Yes <input type="checkbox"/> No	Academic Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Disciplinary Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
If marked yes to any of the above, please explain: _____		Expelled/asked to withdraw? <input type="checkbox"/> Yes <input type="checkbox"/> No

Student: _____	Diagnosis: _____	
Medication needed: <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please specify _____	
Please mark any of the following that might apply to your child:		
Speech/Language <input type="checkbox"/> Yes <input type="checkbox"/> No	Emotional Issues <input type="checkbox"/> Yes <input type="checkbox"/> No	Current/Previous IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Learning Disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Issues <input type="checkbox"/> Yes <input type="checkbox"/> No	Academic Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Disciplinary Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
If marked yes to any of the above, please explain: _____		Expelled/asked to withdraw? <input type="checkbox"/> Yes <input type="checkbox"/> No

Student: _____	Diagnosis: _____	
Medication needed: <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please specify _____	
Please mark any of the following that might apply to your child:		
Speech/Language <input type="checkbox"/> Yes <input type="checkbox"/> No	Emotional Issues <input type="checkbox"/> Yes <input type="checkbox"/> No	Current/Previous IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Learning Disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Issues <input type="checkbox"/> Yes <input type="checkbox"/> No	Academic Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Disciplinary Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
If marked yes to any of the above, please explain: _____		Expelled/asked to withdraw? <input type="checkbox"/> Yes <input type="checkbox"/> No

III. Health and Medical: Continued

Will medication be needed during school hours? Yes No

If yes, please fill out a Medication Consent form which is available on our website or at the office. A Medication Consent form is required for all prescription **and over-the-counter** medication that will be given while at school. All prescriptions needing to be administered throughout the year will need a doctor's signature detailing dosage and frequency.

IV. Authorized Persons for Pickup

Other Authorized Persons:

Name:	Relationship:	Primary Phone #	Emergency Contact
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Church and Ethnic Background

Current Church: _____ Pastor's name: _____

Does your family regularly attend church? Yes No

Denomination preference: Baptist Presbyterian Church of Christ Catholic
Episcopal Methodist Non-denominational Other

Ethnic background: Caucasian African-American Hispanic
Asian American Indian/Eskimo Other: _____

VI. Statement of Faith

1. **We Believe** in God the Father, God the Son, God the Holy Spirit and that they are distinct personalities with distinct roles, but one God. And that One God is the Creator of the universe. (Gen 1:1; Matt 28:19; Joh 10:30).
2. **We Believe** the Bible is the divinely inspired Word of God in its entirety and that it does not contradict itself. It is our guide. (2 Tim 3:15; 2 Pet 1:21).
3. **We Believe** Jesus Christ is the Messiah, the Savior, the Son of God (Joh 10:33), who was born of a virgin (Isa 7:14), lived a sinless life (Heb 4:15, 7:26), died on a cross (1 Cor 15:3; Eph 1:7; Heb 2:9), and was raised from the grave (Joh 11:25; 1 Cor 15:4). He will return as our victorious Lord (Act 1:11; Rev 19:11).
4. **We Believe** our salvation comes only through Jesus Christ and cannot be earned. It is a gift of God. (Joh 3:16-19, 5:24; Rom 3:23, 5:8-9; Eph 2:9-10; Tit 3:5).
5. **We Believe** the church, as the body of Christ, is the extension of Jesus Christ's character, attitude, behavior, and mission in our world today. (Eph 1:22-23; 4:15-16).
6. **We Believe** faith in Jesus requires repentance, confession of that faith before witnesses, obedience to His Word. Baptism by immersion demonstrates our faith and obedience while it depicts our union with Christ in His death, burial and resurrection. (Act 2:38).
7. **We Believe** man was created in the image of God and that He gives gifts to both men and women through the Holy Spirit for the benefit of the church's ministry. (Gen 2:26-27; Eph 4:7-16; Col 1:18-20).
8. **We Believe** everyone who accepts Christ has the indwelling presence of the Holy Spirit who acts as a Comforter, Guide, and Advocate. (Rom 8:12-14).
9. **We Believe** that humility in prayer is the foundation for all we do and that celebrating communion together weekly is beneficial for all Christians (1 Thes 5:17-18; Acts 2:46-47).
10. **We Believe** marriage has been established by God. This church defines "marriage" as the exclusive covenantal union of one man and one woman in which such union is a lifetime commitment (Gen 2: 21-24; Mar 10:6-9).

State below the reason(s) you wish to enroll your child(ren) in Great Bridge Christian Academy:

VII. Admissions Policy

Attending GBCA is a privilege and not a right. As students and parents consider making GBCA their choice, the following standards and policies must be kept in mind:

1. Full cooperation is expected from both student and parents in the education of the student. If at any time the school determines that this cooperation is lacking, the student may be requested to transfer out.
2. If the student's behavior or attitude indicates an uncooperative spirit or one that is out of harmony with the spirit and standards of GBCA, whether or not there is any definite breach of conduct, he may be requested to transfer out.
3. The student's behavioral standards at school must extend to his life away from the school as well. Any use of or involvement with tobacco, drugs, alcohol, cheating, fighting, stealing, lying, un-Christian entertainment/behavior, or sexual immorality may result in immediate expulsion from GBCA.
4. The biblical and philosophical goal of GBCA is to develop students into mature, Christ-like individuals who will be able to exhibit a Christ-like life. Of necessity, this involves the school's understanding and belief of what qualities or characteristics exemplify a Christ-like life. Even though parents may personally believe differently, while at GBCA, all students are expected to exhibit the qualities of a Christ-like life espoused and taught by the school and to refrain from certain activities or behavior. Thus, GBCA retains the right to refuse enrollment to or expel any student who openly admits or practices being a homosexual/bisexual/transgender individual, as well as any student who condones, supports, or otherwise promotes such practices (Leviticus 20:13, Romans 1:27).

A student's acceptance is based upon past achievement, a family interview with the administration, and a signed form from parents and students declaring that they will abide by, and support, the rules, regulations and standards of GBCA. All students are initially accepted on an 9-week probationary period as it pertains to academics and discipline.

All students must be open to instruction from a Christian perspective. Parents should be united in their belief that enrollment at GBCA is the best choice for their child. Parents should exhibit a strong desire for having their child taught from a Christian perspective.

While your student is enrolled at Great Bridge Christian Academy, several members of our faculty/staff may take pictures or videos of student activities and events. In addition to using the materials for student publications, we occasionally would like to use the pictures and videos in advertising, brochures, or other promotional materials. By signing this application, you give permission for Great Bridge Christian Academy to use pictures of your child/children in various publications.

We agree with GBCA's educational philosophy and support the Statement of Faith, the Admission Policy, as well as, the expectations and standards as detailed in GBCA's student handbook.

Student Signature (For students 6th-12th grades)

1st Student's Signature: _____ Date: _____

2nd Student's Signature: _____ Date: _____

3rd Student's Signature: _____ Date: _____

4th Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Nondiscrimination Policy:

Great Bridge Christian Academy admits students of any race, color, gender, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students. The school does not discriminate on the basis of race, color, gender, and national or ethnic origin in the administration of its educational policies, admission policies, financial assistance, and athletic or other school-administered programs.

VIII. Tuition Contract

Tuition Charges

	<u>Weekly</u>	<u>Monthly-10/12</u>	<u>Yearly</u>
Infants (6wks to 15mths)	\$200	\$1020/\$850	\$10,200
Toddlers/K2 (16mths to 36mths)	\$170	\$870/\$725	\$8,700
	<u>School Hours</u>	<u>Monthly (10mths)</u>	<u>Yearly</u>
K3-K4 (half days)	8:00-12:00	\$470	\$4,700
K3-K4 (full days)	8:00-3:00	\$550	\$5,500
K5 (half days)	8:00-12:15	\$435	\$4,350
K5 (full days)	8:00-3:00	\$550	\$5,550
1st-5th	8:00-3:00	\$595	\$5,950
6th-8th	8:00-3:00	\$645	\$6,450
9th-12th	8:00-3:00	\$695	\$6,950

Payments

- Infants-K2 payment plans are 10(Sept-June) or 12 months (Sept - Aug)
- K3-12th grade payment plans are 10 months (Aug - May)
- All charges posted on the 25th of prior month
- All payments due by the 1st
- Late fees (\$50) will be assessed on the 5th
- FACTS Insufficient funds charge (\$35) for every failed transaction

Discounts (cannot be combined)

- Family tuition will not exceed \$15,500 for students in K3-12th grade.
- Multi-child discounts for K3-12th grade students is \$500 yearly per additional child.
- Multi-child discounts for Infants-K2 is 10% off tuition for the second child and 15% off tuition for the third.
- A 5% discount is awarded to any public servant (i.e. teacher, police officer, firefighter, military service member).
- Families that pay in full before June 29th receive a 5% discount, 3% discount by September 1st. Early withdrawals will be refunded at the end of the school year.

FACTS

All families are required to sign up for FACTS unless paying in full or in the Infant-K2 program.
FACTS enrollment: \$45 yearly charge

Payment Options

Infants-K2

- FACTS (monthly option only) Weekly Monthly
- Credit Card (3% processing fee will be applied)

K3-12th

- FACTS
 Paid in Full

Please provide the name(s) of the person(s) who is/are financially responsible for payments:

IX. Daycare Enrollment/Exemption Form (no school discounts apply)

GBCA offers morning and aftercare to our students and are open to public school children for aftercare. Please contact Rachel Filippone for further information at rfilippone@greatbridgefwb.com.

<u>RATES</u>		Hourly	Monthly/Yearly(Sept-May)
Morning care	7:00AM-8:00AM	\$4.00	\$50/\$425
Aftercare	3:00PM-6:30PM	\$4.00	\$150/\$1,350*

**Monthly rates for Aftercare allow for care during teacher workdays and after school 1/2 days. Christmas and Easter Break require an additional fee.*

** Hourly rates are assessed in 30 minute increments regardless of the portion of the half hour used.*

PLEASE CHECK ONE OR MORE OPTIONS

Student: _____ Grade: _____
Morning care Hourly Monthly
Aftercare Hourly Monthly

Student: _____ Grade: _____
Morning care Hourly Monthly
Aftercare Hourly Monthly

Student: _____ Grade: _____
Morning care Hourly Monthly
Aftercare Hourly Monthly

Student: _____ Grade: _____
Morning care Hourly Monthly
Aftercare Hourly Monthly

_____ (initial) My child(ren) **will not** need Morning or Aftercare services. I understand, that in the event services are needed, a \$4.00 an hour per student rate will be assessed.

Parent/Guardian's Signature: _____ Date: _____

If this form is not filled out your student(s) will be automatically enrolled in Morning care and Aftercare at the hourly rate.

X. PE Uniform Order Form

Elementary
 1st: Monday
 2nd: Tuesday
 3rd: Wednesday
 4th: Thursday
 5th: Friday

Middle School/High School
 Subject to class scheduling

Please order for all children using these forms

<i>Preshrunk T-shirts</i>	<i>Qty</i>	<i>Size(s)</i>	<i>Price</i>	<i>\$2.00 XX and up</i>	<i>Total</i>
Youth			\$12.00	\$	\$
Adult			\$12.00	\$	\$

<i>Black Athletic Shorts</i>	<i>Qty</i>	<i>Size(s)</i>	<i>Price</i>	<i>\$2.00 XX and up</i>	<i>Total</i>
Youth			\$18.00	\$	\$
Adult			\$18.00	\$	\$

Set Orders					
	<i>Qty</i>	<i>Size(s)</i>	<i>Price</i>	<i>\$2.00 XX and up</i>	<i>Total</i>
T-shirts 2 t-shirts			\$22.00		
Youth t-shirt, shorts		(t-shirt)	\$27.50		
		(shorts)			
Adult t-shirt, shorts		(t-shirt)	\$27.50		
		(shorts)			

Total Price	\$
--------------------	----

_____ *(initial) My children have sufficient PE uniforms for the coming year.*

We do not keep supply in stock and order according to demand. Please be as accurate as possible in sizes. If needed, we will do our best to work with you to order different sizes.



Great Bridge Christian Academy Prospective 6th-12th Student Profile

We are glad that you have applied to Great Bridge Christian Academy. To make a good decision about your enrollment, we need to know how well your goals, beliefs, and interests match the atmosphere and philosophy of our school. Please answer the following questions to the best of your ability.

Have you accepted Jesus Christ as your personal Savior? If yes, explain how it occurred.

Why do you want to attend Great Bridge Christian Academy?

What are your favorite things to do outside of school?

What are your special talents or interests (drama, athletics, sing, play musical instrument, etc.)?

Prospective Student's Name (Print:) _____

(Signature:) _____

(Date:) _____



Great Bridge Christian Academy Family Pastoral Reference Form

(Please give this form to your pastor.)

_____ has applied for enrollment at Great Bridge Christian Academy.
One element of the evaluation process is a pastoral reference. To assist us in making an appropriate enrollment decision, please answer the following questions.

How long have you known this family and the student? (Please circle)

Less than 1 year

1-4 years

5+ years

Does the family attend your church regularly? Yes No

Does the family consistently participate in church activities (Sunday School, youth group, mission trips, ministry opportunities)? (Please circle)

Almost always

Fairly Often

Occasionally

Seldom

Never

Would you have any reservations about your child being a close friend to any member of this family?

If yes, why?

Yes

No

Please feel free to share your comments (in confidence) regarding this family.

Thank you for your time and interest.

Pastor's Name _____

Church Contact Number _____

Note: Please return this form either by mail or email to: GBCA, 700 Mt. Pleasant Rd., Chesapeake, VA 23322 or email address: mweeks@greatbridgefb.com



Great Bridge Christian Academy

700 Mt. Pleasant Rd.

Chesapeake, Virginia 23322

Phone (757) 482-4688

Fax (757) 482-4548

Date: _____

School: _____

School Name

Phone

Street Address

Fax

City, State, Zip Code

Subj: Request for Confidential File/School Records

The following student has enrolled in Great Bridge Christian Academy for the school year of 2017-2018. Please send the student's cumulative record, **including but not limited to all confidential information regarding the student's academic, medical, psychological, and psychiatric** records that would aid in the child's educational growth.

Student's Name: _____

Student's Date of Birth: _____

Last Grade Attended: _____

Thank you for your assistance.

Sincerely,

Michelle Weeks

Assistant School Administrator

I hereby give my permission to release my child's permanent school records to Great Bridge Christian Academy.

Parent's Signature

Date

Printed Name

Relationship to Student