



Grace Academy

“Homeschool Extension”

Packet

FORMS CHECKLIST

I have completed the following forms.

- **Application**
- **Authorization for Off-Campus Activities**
- **Identification and Emergency Information**
- **Authorization of Consent to Treatment of Minors**
- **Medical History**
- **Photography Consent Form**
- **Standard of Conduct**

Homeschool Extension Application

Last Name:	Home Phone:
Father's First Name:	Mother's First Name:
Home Address:	
Work Address:	
Church Attended:	

Names of children in family seeking homeschool extension at **Grace Academy**:

Name	Age	Gender	Birth Date	Entering Grade
_____	/ /	/ /	/ /	_____
_____	/ /	/ /	/ /	_____
_____	/ /	/ /	/ /	_____

Grace Academy is here to work with the home in helping parents give their children a quality education. Students will be accepted regardless of race, creed, or color, if they will agree to the policies and rules of the school.

“I appreciate the standards of the educational ministry and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead or the Word of God, disrespect to authority, or academic dishonesty.”

“I understand that **Grace Academy** reserves the right, after parental conference, to dismiss any child who fails to comply with the established regulations or does not complete required work.”

“I understand that consistency in attendance, especially in art, is important for my child to maintain success in supplemental classes.”

“We understand that should our child/children be withdrawn from **Grace Academy** NO money will be refunded. We understand that should unexpected events (such as earthquakes, floods, acts of war, or attempts to curtail religious freedoms by governmental agencies) cause the closing of our Christian school for any length of time, some money may be refunded.”

I understand that there is a flat \$50 monthly fee for Grace Academy’s “Homeschool Supplement” plan. I agree to pay this fee by the 1st of each month for the ten months considered part of the 2024-2025 academic school year. I understand this does not include their supply list, uniform, or extra possible costs, such as on field trips.

Father’s Signature

Date

Mother’s Signature

Date

All forms must be completed and accompany this application.

Authorization for Off-Campus Activities

Name of Student: _____ Date: _____

Address: _____ Phone: _____

I consent to have my child participate in field trips away from school. I also authorize Grace Academy to call an emergency ambulance in case of accident or acute illness and to arrange for all necessary emergency medical care in case I am not immediately available. Any qualified physician, called by Grace Academy staff, may treat and do whatever is necessary for the good health and well-being of my child.

I also agree to accept all financial responsibility for medical care.

Physician's Name: _____ Phone: _____

Address: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

Relative or Neighbor: _____ Day Phone: _____

This form must have the parent's or guardian's signature. Please indicate if your child is in the custody of one parent _____ both parents _____ guardian _____

Father's Signature _____ Date: _____

Mother's Signature _____ Date: _____

Legal Guardian's Signature _____ Date: _____

Insurance Carrier: _____ Policy Number: _____

Identification and Emergency Information

General Information

Student's Name: _____ Sex: _____ Birthplace: _____ Birth Date: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

Legal Guardian: _____ Day Phone: _____

Emergency Contacts

	Name	Day Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

Medical Information

Physician's Name: _____ Phone Number: _____

Insurance Carrier: _____ Medical Plan Number: _____

Dentist's Name: _____ Phone Number: _____

Insurance Carrier: _____ Medical Plan Number: _____

If physician or dentist cannot be reached, what action should be taken by the school? _____

Persons Authorized to Transport Child to and from School

	Name	Day Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____

Authorization to Consent to Treatment of Minors

I/We the undersigned parents/legal guardians of _____ do hereby authorize the staff of **Grace Academy** to act as agents for the undersigned to receive any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment, or hospital care which is deemed advisable, and is to be rendered under the general or special supervision of any physician and/or surgeon under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

It is understood that a valid and conscientious effort will be made to notify me/us before such action is taken.

Father's (Guardian's) Signature _____ Date: _____

Mother's (Guardian's) Signature _____ Date: _____

Please specify if allergic to any medication, food, etc. _____

If there are any physical problems or any special instructions, please comment: _____

He/she may be given Tylenol, cough syrup, or Pepto-Bismol: Yes _____ No _____

Medical History

IT IS MANDATORY that pupils who show symptoms of communicable diseases be excluded from classes until re-admission is acceptable to school authorities. Your cooperation will be greatly appreciated. Thank you.

General Information:

Student's Name: _____ Sex: _____ Birthplace: _____ Birth Date: _____

Father's Name: _____ Occupation: _____ Health: Good/Bad/ Deceased

Mother's Name: _____ Occupation: _____ Health: Good/Bad/Deceased

Doctor's Name: _____ Address: _____ Phone: _____

Date of Last Physical: _____ Date of Last Vision Test: _____ Date of Last Hearing Test: _____

Past Diseases: (If your child has had any of the following, state age when he/she had them.)

Asthma _____ Discharging of ears or infection _____ Pneumonia _____

Chicken Pox _____ Hay Fever _____ Polio _____

Convulsions _____ Heart disease _____ Pneumonic cough _____

Diabetes _____ Measles _____ Scarlet fever _____

Diphtheria _____ Mumps _____ Whooping cough _____

Recent Disabilities: (Please check all that apply.)

4 or more colds yearly _____ Fainting spells _____ Hearing difficulty _____

Frequent sore throat _____ Abdominal pain _____ Tires easily _____

Poor vision _____ Frequent urination _____ Breathing shortness _____

Frequent leg pain _____ Allergies _____ Hernia (rupture) _____

Dizziness _____ Persistent coughs _____ Ringworm _____

Frequent sties _____ Speech impediment _____ Nose bleeds _____

Dental defects _____ Crippling conditions _____ Growing pains _____

Immunization Record:

Are your child's immunizations current? _____

Notes: (Please note any other information the school should be made aware of.) _____

Parent's Signature

Date

Photography Consent Form

Permission is given for my child's picture to be taken at any time. These pictures may be used for educational and promotional purposes or for display in classroom pictures, social media, etc.

Parent's Signature: _____ Date: _____

Standard of Conduct

Student's name: _____ Age _____
Last First Middle Initial

The student's attitudes, conversation, and behavior reflect the character of the institution from which he derives his training, both home and church. This form reflects on the Christian school's attempt to secure students who would best adjust to the rigor of a highly disciplined training program that must set high standards. These standards will result in a student of good character who will lead in the reformation for our nation and the world.

Will you promise not to draw, wear, or display in any way anti-Christian symbols? _____
Will you agree to dress according to the uniform guidelines, makeup guidelines, and hair code?

Will you honestly agree to keep all the school rules and respect authority without being critical and finding fault? _____

General Policy:

Students are expected to abide by these standards of conduct throughout their enrollment whether at home, church, or elsewhere. Students found to be out of harmony with the school's ideals of work and life may be invited to withdraw whenever the administration determines it is necessary.

As a student of **Grace Academy**, I pledge to uphold this school's standards against, cheating, swearing, smoking, gambling, dancing, drinking alcoholic beverages, using or talking favorably about narcotics, or using indecent language, and will act in a very orderly and respectful manner. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in the Christian education program while I am a student attending this school and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards of the school.

Student's Signature (if applicable) Date

Parent's Signature Dat