



Grace Academy

“Homeschooling Made Easy”

Packet

2022-2023

ENROLLMENT CHECKLIST

I have completed the following forms.

- **Application for Enrollment**
- **Enrollment History**
- **Student Record Release**

I have attached the following documents.

- **Birth Certificate**

Application for Enrollment

This application is for students who desire to enroll for the 2022-2023 academic school year.

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

Names of children in family seeking enrollment in **Grace Academy**:

Name	Age	Sex	Birth Date	Entering Grade
_____	___	___	___/___/___	___
_____	___	___	___/___/___	___
_____	___	___	___/___/___	___

Grace Academy will continue to provide educational consultation (up to two parent/teacher conferences per academic year), maintenance of records, and national achievement testing. We are 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 condone academic dishonesty.

-We understand that should our child/children be withdrawn from **Grace Academy** NO money will be refunded.

-I understand that there is a one-time \$500 fee for Grace Academy's "Homeschooling Made Easy" plan. I agree to pay this fee by August 12th, 2020, the first day of the 2020-2021 academic school year.

Father's Signature

Date

Mother's Signature

Date

All forms must be completed and accompany this application.



Enrollment History

School last attended: _____

Address: _____

Have all financial obligations to previous schools attended been fulfilled? Yes ___ No ___

Has student ever been expelled, dismissed, suspended, or refused admission to another school?

Yes _____ No _____ If yes, please explain: _____

Please indicate academic level of student's previous work:

Excellent _____ Good _____ Average _____ Poor _____

Please attach copies of any previous report cards/test grades if available.

STUDENT RECORD RELEASE

To Releasing School Counselor:

_____ Date

_____ School Name

_____ Address

_____ City

_____ State

_____ Zip

Dear Counselor:

My children have been withdrawn from your school. Please release their academic, health, and behavioral records to the following school: Thank you.

Accepting School

<p>Grace Academy Office 580-286-2116 P.O. Box 974 Fax # 580-376-3073 Idabel, OK 74745 gaidabel88@gmail.com</p>

Students' Names
(Last name first)

Age

Grade Level at Time
of Withdrawal

_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Requesting Parent

Signature of Receiving Principal

_____	_____
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