



Grace Academy Enrollment Packet

2026-2027

ENROLLMENT CHECKLIST

I have completed the following forms.

- **Application for Enrollment**
- **Financial Commitment**
- **Verification of Church Attendance**
- **Authorization for Off-Campus Activities**
- **Identification and Emergency Information**
- **Enrollment History**
- **Legal Custody Policy**
- **Authorization of Consent to Treatment of Minors**
- **Medical History**
- **Parent Agreement**
- **Photography Consent Form**
- **Standard of Conduct**
- **Student Attendance Release**
- **Student Handbook Acknowledgement**
- **Student Record Release**

I have attached the following documents.

- **Birth Certificate**
- **Immunization Record**



Application for Enrollment

This application is for students who desire to enroll for the 2026-2027 academic school year.

The registration fee of (\$60.00) for the first student in the family with a (\$10.00) reduction for each additional child in the family must accompany this application and is nonrefundable. (This includes the testing fee.)

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	Gender	Birth Date	Entering Grade	Cost
_____			_ / _ / _	_____	(\$60.00)
_____			_ / _ / _	_____	(\$50.00)
_____			_ / _ / _	_____	(\$40.00)

Grace Academy will continue to provide educational consultation, maintenance of records, forms, national achievement testing, and all other services as listed in our handbook. 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 agree to uphold and support the high academic standard of **Grace Academy** by providing a place at home for my children to study and by encouraging my children in the completion of required work.”

“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 the expected achievement is 70% (unless otherwise discussed). Should my student fall below the unit minimum, he/she can be placed on probation for the following semester.”

Father's Signature

Date

Mother's Signature

Date

All forms must be completed and accompany this application.



Financial Commitment (2026/2027)

We understand that as a private school, **Grace Academy** does not receive governmental financial help for operational expenses and that prompt payment of all expenses incurred for the education of our child/children will be considered as a sign of our concern for sound and responsible education practice.

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. **Grace Academy** will cover curriculum costs and all other money will be refunded.

We further realize that all projects, test results (diagnostic, C.A.T., etc.) are the property of **Grace Academy** but are available for inspection upon request.

We understand that our financial responsibilities are as follows and agree to pay on this basis:

Upon turning in this application, the registration fee will accompany the application. The required tuition will be \$7,000.00 per year which includes tuition, art fee, and music fee. Upon receiving the tax credit check each semester, the parent will endorse the check to school and will cover tuition costs for students.*

Late Fees: Payments are due the first of every month. Payments received after the 10th day of the month will be charged a late fee of **\$25.00**. This also applies to any balances under **\$25.00**. Accounts must be paid in full by the 20th day of each month. If your account has not been cleared by the 20th day of the current month, your child will not be permitted in class until your account is paid in full.

Returned Checks: A service fee of **\$25.00** will be charged for returned checks. This must be cleared within five (5) working days or your child will not be permitted to remain in **Grace Academy**. This must be paid by cash or money order.

Agreement

My signature below signifies agreement to meet my financial obligations as outlined above and submission to program requirements.

Father's Signature

Mother's Signature

Date: _____

Date: _____

*Should the family not be able to receive the Parental Choice Tax Credit, there are other scholarships available that can be applied for. This includes, but not limited to, the Lindsey Nicole Scholarship, Opportunity Scholarship Fund, and Grace Academy scholarships. All families are **REQUIRED** to apply for the Parental Choice Tax Credit.



Grace Academy
 P.O. Box 974
 Idabel, OK 74745
 Phone-580-286-2116
www.gaidabel.com

VERIFICATION OF STUDENT CHURCH ATTENDANCE

Dear Pastor,

At **Grace Academy**, we believe that regular church attendance is a vital part of a young person's Christian education. Home, church, and school must be working together in a student's life to help him to grow into Christ-likeness.

The student named below is applying for admission. To enable enrollment, please check the appropriate spaces below, sign, and return this confidential form via mail or fax. Please note that this student **CANNOT BE ENROLLED UNTIL THIS FORM IS RETURNED.**

Please check all that apply:

	Church Member?	Upstanding Member?
_____ <i>(Student name)</i>	_____	_____
Father/male guardian	_____	_____
Mother/female guardian	_____	_____

COMMENTS _____

_____ *(Minister's signature)*

_____ *(Printed minister's name)*

THANK YOU FOR YOUR HELP!



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: _____ Gender: _____ 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: _____



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: _____

Has student ever had any disciplinary difficulties? Yes _____ No _____ If yes, please explain:

Has student ever been in trouble with the law, arrested, etc.? Yes _____ No _____ If yes, please explain:

Has student ever used tobacco or drugs of any kind? 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.



Legal Custody Policy

1. A single parent, grandparent, or a foster parent must provide written documentation of the legal custody of the child /children enrolled, i.e., a court decree or private settlement agreement.
2. Only the person who has legal custody of the child/children has the authority to make decisions regarding the child's/children's education.
3. If divorced parents share legal custody of a child/children and provide proof with written documentation provided to the school, both parents must agree on decisions relating to matters of education and medical care.
4. Without legal custody, grandparents and foster parents need approval from the child's/children's parents regarding educational decisions.
5. Legal custody of child/children must be established before enrollment is completed.

Legal custodians are required to adhere to the following:

- A. All legal custodians must sign the school enrollment contract.
- B. Foster parents must provide the school with legal papers that show they have legal custody and authority to make educational decisions for students enrolled.
- C. If a foster parent does not have sole legal custody, signed authorizations from both noncustodial parents and from the foster parents must be provided for children who are enrolled.
- D. If a grandparent does not have legal custody, the school enrollment contract must be signed by both the parents and the grandparents.
- E. Enrollment will not be complete until permission to enroll the child/children is given, in writing, by the parent named in the official custody papers as having authority to make decisions regarding the child's/children's education.
- F. Any restrictions in the official custody papers, not in keeping with official school policy, will negate enrollment. Such restrictions may include: (1) after school pickup; (2) free exercise of religious instruction; and (3) standard of conduct.
- G. Written directions as detailed in the official custody papers will be followed relative to: (1) Calls in the event of an emergency, if the child fails to attend school, or if there is a discipline problem; (2) receiving school notices; and (3) access to the student's records.
- H. If a noncustodial parent is unavailable or the whereabouts are unknown, the person with legal custody must provide a signed affidavit disclosing such details and give information about plans to sever the absent parent's right to legal custody.



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: _____ Gender: _____ 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:

Copy of yellow immunization card or other documents indicating immunization information requirements.

Has your child had a skin test for tuberculosis? _____
Has he/she been associated with tuberculosis patients? _____ When? _____

Personal Record: (Please answer the following.)

Is he/she shy? _____ Overactive? _____ Bites fingernails? _____
Sucks thumb? _____ Has excessive fears? _____ Temper tantrums? _____
Likes school? _____ Plays well with others? _____ Eats breakfast? _____
His/her bedtime? _____ Rising time? _____

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

Parent's Signature

Date



Parent Agreement

We the undersigned parents or guardians' of _____ do hereby request enrollment in **Grace Academy** for our child. We know the Bible places primary responsibility for education on the home, especially the father, and we request this school to assist us in meeting this responsibility. It is our conviction that our child must have an academic education based on the Word of God and its teachings. We hereby certify that we request this school to operate on our behalf with the following understanding.

1. I understand that it is an effort of this school to meet the needs of the families of the church and the community to train up our children in the way that God would have them to go, and the Bible teachings will be reflected in all the affairs and teachings of this school.
2. I understand that we expect the school to exercise consistent Biblical discipline and that we will honor their judgment about the necessity of such discipline should it be recommended.
3. I realize that from time-to-time children take issue with actions with which they do not agree, and they are prone to criticize statements out of context. This being normal for children, I pledge that should such occur, I will not support the criticism: that I will correct my child, support the school personnel, and call for full details at any time I have a question about any incident.
4. I understand that my children will be diagnostically tested and assigned curriculum at their academic level of achievement, and not necessarily at their chronological age. Children must have turned 5 by Jan. 1st to enter kindergarten with at least 1 year preschool, be potty trained, and will be under a probationary period to ensure they are on level and able to complete assigned work.
5. I further realize that building strong relations with my child's teacher to aid in the training of my child is as much my responsibility as it is the schools. I will pray for the staff and the program, cooperate with them in discipline, accept their judgment in all such matters, lay a spiritual foundation through Godly example in the home, support spiritual training of chapels, revivals, etc., follow through with any work assignments or slips that need to be signed, see that my child reaches school on time, cooperate in training my child to respect school property and pay for irregular abuse of the same, attend all parent functions, and assist in promoting the school.
6. Parents or students who are not in harmony with the school standards or programs will be asked to submit to the program; if they will not, the parents will be asked to withdraw their child.
7. I realize that attending **Grace Academy** is a privilege and not a right. It is my intention to abide by the decisions and support the discipline of the administration.

I have read the information materials furnished and agree to insist that my child submit to the program's academic and disciplinary regulations and all other requirements instituted by the administration and carried out by the faculty.

Father's Signature

Mother's Signature

Date

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 agree to dress in public in a modest manner that will be a consistent, daily example of our Lord Jesus Christ? _____

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.

Parent's Signature

Date



Student Attendance Release

I am aware of the school attendance policy found in the school handbook on page 29:

ABSENCES

If a student stays home from school for any reason, the parent is requested to phone the school office by 9:00 a.m. on the day of the absence and relate the reason for the absence. Students who have been absent must present a signed and dated note from their parents the day they return to class, or the absence will be considered unexcused. Absences are excused in case of illness, death in the family, and emergency situations. Absences for trips or medical appointments will be excused if prearranged with the administration. If an extended absence is anticipated, the student may be assigned work to maintain his academic progress.

TARDINESS

Students are expected to arrive on time each morning and for each class period. Students will be considered tardy unless a legitimate written excuse from an authorized individual is submitted to the teacher upon the student's arrival. (A legitimate excuse is one that entails an emergency or an unforeseeable circumstance,. Running out of gas, failure to set an alarm clock, etc., are not considered legitimate excuses.) Any three unexcused tardies will be considered an unauthorized absence.

I understand that excessive absences (excused or unexcused) are hindrances to learning, a class disruption and ultimately a bad reflection on the school.

I also understand that this may have a negative effect on the progress of my child, and I, as the parent or guardian, take full responsibility.

I hereby, release the school from any responsibility and/or liability due to excessive absenteeism and/or tardiness.

Parent Signature

Date



Student Handbook Acknowledgment

We the undersigned parents/guardians of _____
acknowledge receipt of the **Grace Academy** Student Handbook and have read it,
or had it read to us, and we understand it completely. We agree to carry out all
policies, directives, and requirements listed in the handbook.

Father's Signature

Mother's Signature

Date

Date

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
