



Application for Admission 2024-2025

Date of Application _____

Applying for Grade: Pre-K K 1 2 3 4 5 6

Student's Full Legal Name _____
Last First Middle

Social Security # _____ - _____ - _____ Male Female

Date of Birth ____/____/____ Language at home _____

American Citizen
(Copy of Birth Certificate
required)

Landed Immigrant
(Documents required)

Student Visa
(Documents required)

Father Stepfather

Mother Stepmother

Full Name _____

Full Name _____

Home Address _____
Street

Home Address _____
Street

City State Zip

City State Zip

Home Phone # _____

Home Phone # _____

Cell Phone # _____

Cell Phone # _____

Business Phone # _____

Business Phone # _____

Email Address _____

Email Address _____

Church Affiliation _____

Church Affiliation _____

Local Church Membership _____

Local Church Membership _____

Parents are: Married Separated Divorced Widow(er) Single

Child lives with: Both Parents Mother Father Guardian Home stay

Legal Guardian (if applicable):

Name _____

Address _____

Phone _____

If the parents/guardian cannot be reached in case of early school closure, please contact:

Name Contact Phone Number Relationship to Student

Student History:

Previous School Attended _____
Name City State

Phone: _____ Fax: _____

Has your child ever been suspended from school or asked to leave? Yes No (If yes, please explain)

Are there any court orders currently affecting this student? Yes No (If yes, please explain and provide a copy of the legal documents)

Do you have an outstanding account at GACS? Yes No At another school? Yes No

If so, state where _____

Within the last year, has the student used

Tobacco? Yes No

Alcohol? Yes No

Drugs? Yes No (Other than prescription?)

Name and address of person to whom financial statements are to be sent if different from the home address:

Name _____

Address _____

Student's Name _____ Grade _____

Student Contract

I have read the current school handbook and understand that it is my choice to attend Garland Christian Adventist School. I either already have a personal relationship with God or I am willing to experience the same. I am willing to participate in the religious training provided by the Seventh-day Adventist Church. If accepted as a student, I agree to willingly obey all printed and announced regulations and understand that any failure to do so may jeopardize my enrollment at Garland Christian Adventist School. (If student is unable to read, parents have explained handbook.)

Signature of Student

Date

Parental/Guardian Contract

I understand that withholding or misrepresenting information in this application may jeopardize admission or enrollment at Garland Christian Adventist School. My signature below indicates that all information contained in this application is correct, complete, and honestly presented. I have read and agree with the concepts presented in the current school handbook. I agree to support the principles and policies of the Garland Christian Adventist School. My financial obligation is clearly understood, and I agree to pay my child's account each month, unless arranged otherwise in advance. I further agree to wait for a transcript of grades until my child's account is paid in full. I will encourage my child to cooperate with the principles and spirit of Garland Christian Adventist School.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Home & School Student Directory

I consent to have my child(ren) listed in the GCAS Home & School Student Directory _____
initials

I do not consent to have my child(ren) listed in the GCAS Home & School Student Directory _____
initials

Media Consent

I consent to having media (photo, audio, video, etc.) and/or a work sample of my child(ren) used by GCAS in the yearbook, newsletters and other promotional material for the school or the TX Conference Office of Education.

Signature of Parent/Guardian

Date

Emergency Information

Student's Name

DOB

Social Security Number

Mother's Name

Daytime Number

Father's Name

Daytime Number

If parents/guardian cannot be reached for medical
Emergency, please contact (REQUIRED)

Daytime Number

Student's Doctor's Name

Dr.'s Office Number

Parents' Mailing Address

City, State, Zip

Continuing Consent to Treat 2024-2025 School Year

We/I, the undersigned parent(s)/guardian of _____ a minor, do hereby consent to any x-ray examination, anesthetic, a medical or surgical diagnosis or treatment that any hospital services may render to said minor under the general or special instructions of Garland Christian Adventist School personnel, whether said diagnosis or treatment is rendered at the office of said physician/dentist or at a licensed hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage the school personnel and said physician/dentist to exercise his/her best judgment as to the requirements of such diagnosis or treatment.

It is also understood that every possible attempt will be made to contact the parents first. Only in case of extreme emergency and failure to contact parents will this apply.

Is there an illness/ailment/condition that we should be aware of? (i.e., allergies, asthma, diabetes, etc.) Yes No (If yes, please explain)

Parent/Guardian Signature

Date

**Financial Application
2024-2025**

Garland Christian Adventist School
1702 E. Centerville Road
Garland, TX 75041
Phone (972) 271-1154

**Fee Schedule
Grade Pre-K K 1 2 3 4 5 6**

Registration Fee, per students	\$325
Supply Fee	\$75
Computer Fee	\$50

Tuition Schedule per Student/per month (10 months)

Grade	Tuition
Pre-K and Kindergarten	\$470
1 - 6	\$350

Method of Payment: Cash Check

Print Full Name of Person Responsible for Account

Signature of Person Responsible for Account

Current Mailing Address

Phone

List Students in descending order by grade:

Last Name, First Name	Gr	RegFee	SupFee	Tuition	FamDisc	Net Fees \$12 – 2 nd \$24 – 3 rd +
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
						Total \$ _____

Signature of Person responsible for the Account

Signature of GCAS Representative

Monthly Tuition is subject to change based on School Board Approval.

Account Information

In order for GCAS to maintain a fiscally responsible program it is important that all school accounts be paid each month in a timely manner. Please read the following very carefully:

- ✚ **Registration fee is non-refundable.** This annual amount covers the costs common to the students; i.e., accident insurance, textbooks, yearbooks. This fee is due at the time of registration and must be paid in advance of entering school.
- ✚ The entire balance at month end (including all additional charges) becomes due and payable on the first business day of the respective month. **If a payment is not received by the 10th of the month a \$25.00 late fee will be applied.**
- ✚ **If your account is 15 days past due**, you are obligated to contact the office to make payment arrangements. Report cards and official transcripts will not be released until you have a clear account.
- ✚ A \$35.00 fee will be charged on all returned checks.
- ✚ A 5% tuition discount is offered if full tuition is paid at the beginning of each school year.

I have read, understand and agree to the above statement and terms of the Account Information.

Student(s) Name

Date

Signature of Person Responsible for the Account

Signature of GCAS Representative

Información Financiera

De manera para que la administración de la escuela pueda mantener un programa fiscalmente responsable, es importante que todas las cuentas de la escuela sean pagadas cada mes a tiempo. Lea por favor lo siguiente con mucho cuidado:

- ✚ **La cuota inscripción es una cantidad no reembolsable** y anual para cubrir los gastos comunes de los estudiantes; es decir el seguro contra accidentes, los libros de texto, y los anuarios. Esta cuota debe ser pagada al tiempo de registracion y debe ser pagada previo a la entrada.
- ✚ El balance total al fin del mes (incluyendo todo los cargos adicionales) debe ser pagada en el primer dia del mes respectivo. Si un pago no es recibido para **el 10 del mes, una cuota de \$25.00 adicional sera aplicada.**
- ✚ **Si su cuenta se atrasa 15 días,** usted esta obligado a ponerse en contacto con la oficina para hacer los arreglos necesarios. Las calificaciones o documentos escolares no seran transferidos a ninguna escuela hasta que la cuenta este pagada.
- ✚ Una cuota de \$35.00 sera cargada por cada cheque devuelto.
- ✚ Un descuento de 5% sera ofrecido si su cuenta es pagada en completo al principio de cada ano.

He leído, entendido, y estoy de acuerdo con las declaraciones y terminos de la información de la cuenta.

Nombre de estudiante(s)

Fecha

Firma de la persona responsable de la cuenta

Firma del representante de GCAS