



STUDENT APPLICATION ABA/VB Classroom

Office Use Only
School Year: 20__ / 20__
Application Date: __/__/__
Application Fee Paid _____
Registration Fee Paid _____

New Student Application Process

1. Submit **Application** along with the **Application Fee**
2. Submit the following forms:
 - ✓ A copy of the student's **Birth Certificate**
 - ✓ Report of a **physical exam** within the past year (and after the age of 4 for kindergarten applicants)
 - ✓ A **certificate of immunization**
 - ✓ A copy of any **special testing**
3. Previous **school transcripts** will be requested
4. An **admissions testing/interview** will be scheduled.
5. Upon acceptance...
 - **Financial Agreement** must be signed and returned with the **Registration Fee**.
 - **FACTS Agreement** must be submitted if paying tuition in monthly payments.

Current Student Re-enrollment Process

- Submit **Application** along with **Registration Fees**.*
* *Registration Fees may be paid in monthly payments. See Financial Information sheet.*
- A **Teacher Recommendation** will be reviewed, to confirm that all academic and behavioral standards are being met.
- **Financial Records will be reviewed** to confirm that all tuition payments are current. Students that have a past due financial obligation to GCA will not be re-enrolled.
- Upon acceptance...
 - **Financial Agreement** for the upcoming school year must be signed and returned.
 - **FACTS Agreement** must be submitted if paying tuition in monthly payments.

STUDENT INFORMATION

Referred by: _____

Last Name: _____ First: _____ Middle: _____
 Preferred Name: _____ Social Security #: _____
 Street: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Email: _____ DOB: _____ Male Female
 Current Grade: _____ Applying for Grade: _____ Student Resides With Parents Mother Father Guardian

FAMILY INFORMATION

Marital Status: Married Separated Divorced Single Parent

Mother's Name: _____ **Home Phone:** _____
Mobile Phone: _____ **Pager:** _____ **Email:** _____
Place of Employment: _____ **Job Title:** _____
Business Address: _____ **Phone:** _____ **Ext:** _____

Father's Name: _____ **Home Phone:** _____
Mobile Phone: _____ **Pager:** _____ **Email:** _____
Place of Employment: _____ **Job Title:** _____
Business Address: _____ **Phone:** _____ **Ext:** _____

Legal Guardian's Name: _____ **Home Phone:** _____
Mobile Phone: _____ **Pager:** _____ **Email:** _____
Place of Employment: _____ **Job Title:** _____
Business Address: _____ **Phone:** _____ **Ext:** _____

Other Children in Family:

Name: _____ M F DOB: _____ School: _____

Name: _____ M F DOB: _____ School: _____

Name: _____ M F DOB: _____ School: _____

Authorized to pick up student: (Other than parents)

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

CHURCH AFFILIATION

Church Family Attends: _____ Denomination: _____

Address: _____ Phone: _____

Applicant attends church regularly: Parents attend church regularly: No. of Years attended: _____

SCHOOL / EDUCATION INFORMATION

School Student Currently Attends: _____

Address: _____ Phone: _____

LIST OTHER SCHOOLS STUDENT HAS ATTENDED:

School: _____ Grades: _____ Year(s): _____

Address: _____ City: _____ St: _____ Zip: _____

School: _____ Grades: _____ Year(s): _____

Address: _____ City: _____ St: _____ Zip: _____

Has your child been tested for Learning Disabilities? NO YES Please list the date and general results of the test:

Has your child ever been suspended, expelled, or dismissed from school for any reason? NO YES _____

Please explain: _____

Does your child have any known conditions, physical or mental, that would limit his/her participation in our ABA/VB program or facility? NO YES Explain: _____

MEDICAL INFORMATION

Diagnosis Information (including where, when): _____

Has your child been tested for Attention Deficit Disorder (ADD) or Attention Deficit Disorder with Hyperactivity (ADHD)? NO YES. Date and results of the test: _____

Please give a summary of current intervention(s): _____

Please give a summary of previous intervention(s): _____

Please list 10 reinforcers: _____

Food/diet restraints: _____

Allergies: _____

Medications: _____

Is your child potty trained? Yes No _____

Can your child wait appropriately? Yes No _____

Behavioral Concerns: _____

Current daily schedule: _____

MEDICAL CONTACTS

Child's Physician: _____ Phone: _____ Hospital Pref: _____

Dentist: _____ Phone: _____

Medical Insurance Company: _____ Policy #: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Day Phone: _____ Evening: _____ Mobile: _____

Name: _____ Relationship: _____

Day Phone: _____ Evening: _____ Mobile: _____

ABA/VB CLASSROOM AGREEMENT

PLEASE READ CAREFULLY. By signing this application...

- I acknowledge that my student is attending the Garr Christian Academy Verbal Behavior Classroom by my choice.
- I understand that Garr Christian Academy cannot be held liable for the progress of my child. I also understand that I will be updated on the progress being made by my child through daily recording of data, quarterly progress reports, and collaborative meetings.
- I understand that any behavioral interventions developed for my child will be based on the principles of behavior modification and that I will be notified in writing of any behavioral plans developed for my child.
- I agree to follow through with any behavioral interventions developed for my child. I also agree to do at least 10 hours per week of follow-up of the Intensive and Natural Environment Teaching that takes place in the classroom for my child.

GARR CHRISTIAN ACADEMY GENERAL PARENT AGREEMENT

PLEASE READ CAREFULLY. By signing this application I/we also understand and agree that:

- Garr Christian Academy reserves the right of dismissal of any student who persistently and willfully neglects his academic work, exercises poor citizenship, reflects adversely on the Christian principles of GCA, or is engaged in behavior or lifestyle inconsistent with Biblical guidelines as prescribed by GCA and Garr Memorial Church.
- The task of educating our children and raising them in the way they should go should be a team effort, and I/we agree to make every effort to attend scheduled Parent Teacher Organization meetings and / or Parent – Teacher Conferences.
- Garr Christian Academy will not administer over the counter medications or prescription drugs to students without a permission slip (available from the school office) signed by the parent and the child's doctor. In the event of a medical emergency, I give permission for my child to receive first aid from a school employee and/or treatment as required by a physician.
- Garr Christian Academy may authorize emergency medical care for my child, including the use of anesthesia, by the physician of its choice in the event that neither I nor the family physician can be contacted immediately. I will take responsibility for all expenses incurred in the emergency case.
- Garr Christian Academy may use photographs/video taken of my child for promotional advertisements (i.e. newsletters, brochures, mailings, website, slide shows, promotional video, etc.), and I/we release Garr Christian Academy from all liabilities.
- I am responsible for all books, materials, or equipment that is damaged or lost by my child and I will cover the cost of replacing or repairing the aforesaid items.
- I have read and support the school discipline policy.
- I give permission for my child to take part in all school activities including physical education, games, sports, field trips, school sponsored trips away from the school premises, and activities outside of a fenced area. Some field trips or activities may involve taking children into a multi-level structure. And I absolve Garr Christian Academy, Garr Memorial Church, its agents/employees and volunteers from liability to me or my child because of injury to my child at school or during any activity/trip, and I will encourage my child to comply with all school regulations.
- I have read, fully understand, and agree to abide by the purpose and policies of Garr Christian Academy and do hereby request that my child be accepted as a student.

Signature of Parent

Date

Signature of Parent

Date

Garr Christian Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. Garr Christian Academy does not discriminate in the administration of its educational policies, scholarships, athletic, and other school programs.