

<i>Office Use Only</i>	
Date Received	_____
Activity Fee Paid	_____
Birth Certificate	_____

# Grace Fellowship Academy

1300 North Miller Road  
Buckeye, Arizona 85326  
623-393-8883

## Application for Sports Team-Homeschool

*All information **must** be provided and full registration fee submitted for this application to be considered.*

### STUDENT INFORMATION (please fill out complete form for each student you wish to enroll)

Student's Name \_\_\_\_\_  
Last
First
Middle

Date of Application \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Church you now attend: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

### PARENT INFORMATION

**1. Father's (Or Guardian's) Name** \_\_\_\_\_

Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**2. Mother's (or Guardian's) Name** \_\_\_\_\_

Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

3. What is the marital relationship in your home? Parent(s) are:  
 \_\_\_ married & living together \_\_\_ separated \_\_\_ divorced \_\_\_ single \_\_\_ one parent deceased
4. Student lives with \_\_\_\_\_  
 If other than parent, please indicate who and relationship to student. \_\_\_\_\_
5. If parents are divorced or separated, who has legal custody of the student? (Name of parent or legal guardian if other than parent.) \_\_\_\_\_  
**\*Court Documents Required\***

**Medical Information**

6. Is child allergic to food or other substances? **No Yes**  
 If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Is child currently taking any medications? **No Yes**  
 If yes, please list them here. A Medication Consent Form will need to be filled out in the office for each medication if it needs to be administered during school.  
 \_\_\_\_\_
8. Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? **No Yes**  
 If yes, list precautions: \_\_\_\_\_
9. Additional comments: \_\_\_\_\_  
 \_\_\_\_\_
10. Other special instructions: \_\_\_\_\_  
 \_\_\_\_\_

<b>I hereby authorize the following person(s) to pick up my child:</b>	
<b>Name</b>	<b>Phone</b>
_____	_____
_____	_____
_____	_____

# Grace Fellowship Academy

## **MISSION STATEMENT**

To nurture students and to help develop their talents and spiritual gifts in order to live a life of service, impacting the world for Christ.

## **PHILOSOPHY**

We, the Board of Directors, administration, and faculty of Grace Fellowship Academy believe the school to be an extension of the home and the Christian Church for the purpose of educating any student who has a desire to be educated in a Christian-oriented atmosphere and whose educational needs the school is prepared to meet. Grace Fellowship Academy's view of life is based upon the *Bible* as God's only infallible written revelation to man.

*The student at Grace Fellowship Academy is taught to live a disciplined life under the Lordship of Jesus Christ. Discipline based on God's Word is prayer-fully administered in Christian love and firmness.*

## **STATEMENT OF FAITH**

We believe the Bible to be the only inspired, infallible, authoritative Word of God.

We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.

We believe that repentance and rebirth of lost and sinful man, by the Holy Spirit, is essential for salvation.

We believe in the spiritual unity of believers in our Lord Jesus Christ.

## **PARENT'S (OR LEGAL GUARDIAN'S) STATEMENT:**

I/we hereby certify that I/we have read and agree with the above Philosophy and Statement of Faith of Grace Fellowship Academy and do affirm that my/our beliefs are consistent with those stated.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

