

**Grace Christian Academy**  
**Application Form for New and Returning Students**  
School Year \_\_\_\_\_ to \_\_\_\_\_

**For Office use Only**  
RABA # \_\_\_\_\_  
Grade applying for \_\_\_\_\_

**Student Information:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

*(Kindergarten 4 and 5 applicants must be 4 and 5 years old on or before August 31 of the current year regardless of any previous school attendance)*

Gender:  Male  Female Hospital # (CHC): \_\_\_\_\_ Grade Level Applying for: \_\_\_\_\_ Child # \_\_\_\_\_ of \_\_\_\_\_

**Mailing Address:**

PO Box \_\_\_\_\_ Saipan, MP 96950- \_\_\_\_\_ Village: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Foreign Student:** US Visa (F1/F2/E2/CW2) No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Ethnic Background:**  Chamorro  Carolinian  Micronesian  American  Japanese  Filipino  Korean  
 Chinese  Other \_\_\_\_\_

Names and grade levels of any other children enrolled in GCA: \_\_\_\_\_

Name and complete address of previous school: \_\_\_\_\_

Languages spoken with most proficiency: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Church Attending: \_\_\_\_\_

**For kindergarten only:** Is your child potty trained?  Yes  No Frequency of accidents \_\_\_\_\_

**Parent/guardian personal/employment background:**

**Father/Guardian** Child living with?  Yes  No

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Ethnic Background:**  Chamorro  Carolinian  Micronesian  American  Japanese  Filipino  Korean  
 Chinese  Other \_\_\_\_\_

Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Employer Address:** PO Box \_\_\_\_\_ Saipan, MP 96950- \_\_\_\_\_ Village: \_\_\_\_\_

Residential Status:  Non-Resident Alien  Resident Alien  Local Resident  US Resident

Receive Bill Copy  Responsible for Bill  Receive Report Card  Send Mail  Authorize Pickup

**Mother/Guardian** Child living with?  Yes  No

Mrs. / Ms. / Miss First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Ethnic Background:**  Chamorro  Carolinian  Micronesian  American  Japanese  Filipino  Korean  
 Chinese  Other \_\_\_\_\_

Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Employer Address:** PO Box \_\_\_\_\_ Saipan, MP 96950- \_\_\_\_\_ Village: \_\_\_\_\_

Residential Status:  Non-Resident Alien  Resident Alien  Local Resident  US Resident

Receive Bill Copy  Responsible for Bill  Receive Report Card  Send Mail  Authorize Pickup

**Other Family Member** Relation to Student: \_\_\_\_\_ Child living with?  Yes  No

Mr. / Mrs. / Ms. / Miss First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Ethnic Background:**  Chamorro  Carolinian  Micronesian  American  Japanese  Filipino  Korean  
 Chinese  Other \_\_\_\_\_

Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Employer Address:** PO Box \_\_\_\_\_ Saipan, MP 96950- \_\_\_\_\_ Village: \_\_\_\_\_

Residential Status:  Non-Resident Alien  Resident Alien  Local Resident  US Resident

Receive Bill Copy  Responsible for Bill  Receive Report Card  Send Mail  Authorize Pickup

## Medical Information and Emergency Contacts

Does your child have any health problems?  Yes  No If yes, please specify: \_\_\_\_\_

Please indicate which of the following communicable diseases your child has had.

- Chicken Pox       Diphtheria       Measles       Mumps  
 Influenza       Pneumonia       Scarlet Fever       Whooping Cough

Please indicate whether your child has any persistent problems with any of the following:

- Asthma    Colds    Coughs    Headaches    Stomach Aches    Hay fever    Tonsillitis  
 Nose bleeds    Other \_\_\_\_\_    Allergies (please specify) \_\_\_\_\_

Does your child take any special medication for it?  Yes  No If yes, please specify what medication. \_\_\_\_\_

Is your child up to date on his/her immunizations?  Yes  No Date of last Tetanus shot \_\_\_\_\_

Has your child had any operations?  Yes  No If yes, please specify \_\_\_\_\_ Date \_\_\_\_\_

Does your child wear eyeglasses?  Yes  No Contacts?  Yes  No Date of last eye exam \_\_\_\_\_

Does your child have regular dental check ups?  Yes  No Date of last check up \_\_\_\_\_

Does your child have any hearing problems?  Yes  No Date of last hearing exam \_\_\_\_\_

If your child becomes ill while at school we will not administer any medication without your specific consent. A phone call will be made to you, the parent, so that you can make the decision as to what should be administered. Grace Christian Academy is not responsible for any wrong decisions concerning medication made by the parent. \_\_\_\_\_

(Parent or Guardian Initials)

**Please indicate which medications you authorize GCA to administer to your child if deemed necessary.**

- Tylenol    Pepto Bismo    Robitussin    Tums    Hydrocortisone Ointment (anti-itch cream)

- Nonprescription cleansing agent to kill bacteria and inhibit infection    Other \_\_\_\_\_

Are there any medications mentioned above that you do not want administered to your child?

- Yes    No Specify \_\_\_\_\_

### Emergency Information:

Write the name of a local resident (other than the parent/guardian) who has agreed to care for and provide transportation for your child in case he/she becomes ill or injured and you cannot be reached. If you have a family physician please write the name in case medical assistance is necessary.

#### Physicians

Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy holder \_\_\_\_\_ Group # \_\_\_\_\_ Plan # \_\_\_\_\_

**Emergency contact:** Please list the names of persons that GCA can call in case parents or guardians can't be reached.

Name \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

I hereby give consent to the authorities of Grace Christian Academy to obtain emergency medical treatment for my child. School authorities must attempt to contact me before relying on this authorization.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# GRACE CHRISTIAN ACADEMY

## Financial Agreement

SY: 2024 - 2025

Name of Student: \_\_\_\_\_ Principal Amount: \_\_\_\_\_ Date: \_\_\_\_\_

This is a contract. For value received, (parent/guardian) \_\_\_\_\_ of P.O. Box \_\_\_\_\_ Saipan, MP 96950 agrees and promises to pay the order of Grace Christian Academy, a Commonwealth of the Northern Marianas nonprofit organization (hereinafter called the "Payee"), the amount of:  
 \$3,240.00 (K4-K5)       \$3,295.00 (G1-5)       \$3,665.00 (G6-8)       \$3,935.00 (G9-12)  
representing tuition fees for the school year commencing in August of 2024 and ending in May of 2025.

**Payment Schedule:**

Tuition fees are due for the entire school year. A payment plan is permitted by Payee, GCA, available in eleven (11) installments commencing on July 1, 2024 and ending May 1, 2025. Should the first day of the month fall on a Saturday, the installment is due on the Friday before the first. Installment payments are not permitted for extended care fees, which shall be paid on a monthly and/or daily basis.

**Family Tuition/Sibling Discount:**

Families with two or three children enrolled in GCA will receive an annual tuition fee discount of \$150.00 each for the second and third child. If more than three children are enrolled, the fourth child and above will receive an annual discount of \$250.00 each. The discount will only apply to immediate relatives. If GCA offers any other discount, only one discount shall apply for the higher amount. This discount does not apply to extended care fees.

**Advanced/Prepaid Tuition:** A 5% discount will be given for tuition paid in full on or before July 1, 2024.

**Late payment/Administrative Suspension/Involuntary Withdrawal from School:**

If an installment/tuition payment has not been made *by the end of the month*, it is considered delinquent, and a service charge (late fee) of \$10.00 will be added to the past due account. If a delinquent account is not paid by the tenth (10<sup>th</sup>) of the following month, your child(ren) will automatically be subjected to administrative suspension. This means that your child will not be allowed in class until the account is settled. Report cards will be withheld and transcripts will not be issued. The student is subject to dismissal if financial obligations remain unpaid/delinquent beyond sixty (60) days. Notice is given that delinquent accounts over ninety (90) days shall be referred to GCA counsel for collection. In the case of where a student is expelled from school for non-payment or for behavior, any account outstanding at that time must be settled before the child's cumulative record is released. If tuition was paid in full, a refund will be issued from the month of expulsion until the end of the installment period.

**Voluntary Withdrawal from School:**

A student may withdraw from attending GCA. A Student Withdrawal Form shall be completed by the parent and submitted to the Registrar's Office. Parent/legal guardian agrees that he/she is obligated to pay the student's entire quarter's tuition and fees for the term in which the student was enrolled i.e. through the end of October, December, March, and May. Parent/legal guardian further agrees for a charge to be made on his/her credit card for the contingency that withdrawal may occur. At the complete and sole discretion of GCA, GCA may allow reduction or remission of fees. School records will not be released until account is cleared. Official withdrawal of pre-registered students after June 30 will be billed a full month's tuition fee in July, tuition shall be charged until an official withdrawal has been submitted.

**Student Records:**

There is a \$20.00 fee for the release of your child's records to another school. However, all amounts outstanding must be paid in full before GCA will issue a transcript/records. The official transcript will be sent directly to the new school. GCA may issue you a verification letter stating dates of attendance at GCA and copies of report cards. This will give you the needed information to enroll your child in a new school and will provide the new school with information on how to obtain an official transcript. Please allow us five business days to get this ready for you.

**Check Acceptance/Returned Checks:**

Checks shall be made payable to Grace Christian Academy. Second party check and postdated checks shall not be accepted. If a check is returned due to insufficient funds, a fee of thirty-five dollars (\$35.00) shall be charged for administrative costs. If GCA should bring suit to collect, the parent may be liable for up to three (3) times the amount on the insufficient check. Should the account remain unsettled after written notice to cure within fifteen (15) days for default, all provisions under the "Involuntary Withdrawal from School" section above shall apply. Any family that issues two (2) insufficient funds/returned checks during the school year shall be required to make all future payments in cash, cashier's check, or money order.

**Notice:**

All notices or communications in relation to this Agreement shall be made in writing, either by mail or hand delivered to the address indicated on the enrollment form. Registered mail to the above address suffices for notice.

**Legal/Attorney's Fees/ Governing Law:**

If any legal action is necessary to enforce this Agreement, the prevailing party shall be entitled to attorney's fees and costs. The parties to this agreement hereby waive any right to trial by jury. Venue shall be with the CNMI Superior Court, Saipan. This agreement shall be governed by and construed in accordance with the laws of the Commonwealth of the Northern Mariana Islands.

By my signature, I signify that I have read and agree to the terms listed in the "Grace Christian Academy Financial Agreement."

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

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

GCA Business Administrator: \_\_\_\_\_ Date: \_\_\_\_\_



# Grace Christian Academy



## FAMILY-SCHOOL COVENANT

**FOR THE PARENT:** We are in support of the educational philosophy, objectives, standards of conduct, Parent-Student Handbook, and the principles of Grace Christian Academy. We will cooperate with the administrators, faculty, and staff in a spirit of partnership in the training of our child(ren).

We understand that we are responsible to read and abide by the policies and guidelines (including all discipline procedures) of Grace Christian Academy as stated in the Parent & Student Handbook.

If at any time during the training of our child(ren), we can no longer work together in a spirit of unity, and all reasonable avenues of communication are exhausted, we will withdraw our child(ren) from Grace Christian Academy.

\_\_\_\_\_  
Father/Guardian's Name

\_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian's Name

\_\_\_\_\_  
Mother/Guardian's Signature

\_\_\_\_\_  
Date

**FOR THE STUDENT:** I desire to attend Grace Christian Academy or am willing to be under the authority of my parents/guardian in submitting and deferring to their wishes concerning enrollment at Grace Christian Academy. I understand that administrators, faculty, and staff are in partnership with my parents/guardian. I will strive to obey them also as they seek to train me according to God's Word.

I will seek to live a godly life in and out of school in order that Jesus Christ will be glorified.

I understand that I am responsible to read and abide by the policies and guidelines of Grace Christian Academy as stated in the Parent & Student Handbook.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**FOR THE SCHOOL:** The faculty and staff pledge by God's grace to uphold the principles and guidelines of Grace Christian Academy as we together train your child(ren).

# Grace Christian Academy



## MISSION STATEMENT

Grace Christian Academy exists to partner with the home to produce vibrant, confident, and loving students who excel in their academic pursuits in commitment to Jesus Christ.

## EXPECTED SCHOOLWIDE LEARNING RESULTS

GCA, being a Christian school is a “life changing ministry.” GCA strives to focus upon student success in meeting expected school-wide learning results that are glorifying to God. Our goal is to see a growing and maturing student of Grace Christian Academy with the following characteristics:

- V** - Vibrant and committed disciple of Christ
- A** - Academic achiever and critical thinker
- L** - Loving, moral, and ethical citizen
- U** - Unwavering learner
- E** - Effective and confident communicator

## EXPECTED STUDENT BEHAVIOR POLICY

We desire our students to do their best not only in academics but also in behavior and attitude. Therefore, we have adapted a school wide expected behavior policy to help our students become ***SOARING EAGLES***.

- Everyone shows respect
- Appropriate language only
- Give your full attention
- Listen and learn
- Excellent work on time
- School rules and policies followed on/off campus



# GRACE CHRISTIAN ACADEMY

*An Accredited K-12 International School*

P.O. Box 500643, Saipan, MP 96950

Tel: (670)322-3320 Fax: (670)322-1855

E-mail: [gracechristian@gca-nmi.com](mailto:gracechristian@gca-nmi.com)

Dear Parent/Guardian of a GCA Student:

Below you will find a “**Photo Release for Children**” form that allows GCA (personnel or yearbook class) to take or use pictures of your child for or during school purposes (i.e. graduation ceremony, yearbook, school promotions, etc.).

If you should have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Mrs. Beth Nunez, M.A., Principal

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## PHOTO RELEASE FOR CHILDREN

For promotional consideration, I grant Grace Christian Academy the right to use, copy, reproduce, and publish photographs of my minor child (the “Pictures”) for any lawful purpose throughout the world and in perpetuity. I grant GCA the right to use my child’s name in connection with all uses of the Pictures and waive the right to inspect or approve any use of the Pictures.

I release GCA from any claims that may arise regarding the use of the Pictures including any claims of defamation, libel, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. I acknowledge that I have no ownership rights in the Pictures.

GCA is not obligated to utilize the rights granted in this Agreement. This authorization and release shall inure to the benefit of the legal representatives, licensees, and assigns of GCA.

This Agreement expresses the complete understanding of the parties. I am the parent or legal guardian of the child named below. I have read and understood this agreement, and I am over the age of 18.

Name of Minor Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number (work): \_\_\_\_\_ Phone Number (cell): \_\_\_\_\_





## Grace Christian Academy Student Health Profile Form

**Note:** To evaluate our student's health status, a physical examination is required for school admittance. This is to be filled out by a certified health institution/practitioner of your preference aside from Part I, which is to be filled out by the parents. The parents/guardians of the student must be present during the examination.

### Part I. Student Information (To be filled out by the parents/guardians)

Student's name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Student's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_

### Part II. Complete Physical Examination (To be filled out by a physician)

Vital Signs:

BP \_\_\_\_\_ PR \_\_\_\_\_ RR \_\_\_\_\_ T \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_

Visual Acuity:

Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

**Please put a check ( ✓ ) for your findings and indicate significant findings if found to be abnormal.**

	Normal	Abnormal	Significant Findings
General Appearance: appetite, sleep patterns, weight changes	( )	( )	_____
Mental Status: alert, lethargic, drowsy, memory - short term, long term, intermediate	( )	( )	_____
Allergy: skin rash - eczema, asthma, food & drug, hives, etc.	( )	( )	_____
Head, Ears, Eyes, Nose, Throat: headaches, dizziness, earache, itching, redness, sore throat	( )	( )	_____
Hearing test (Audiometry)	( )	( )	_____
Chest, Lungs, Heart, Pulse: shortness of breath, chest pain, wheezing, panting, cyanosis	( )	( )	_____
Abdomen, bowel habits, appetite	( )	( )	_____
Genitourinary: chronic UTI, kidney trouble, urethral or vaginal discharge, last menses	( )	( )	_____
Back, Extremities: deformities, fracture, joint pains or swelling, limitation of motion	( )	( )	_____
Neurological: posture, gait, coordination, balance, weakness or clumsiness, seizures or paroxysmal behavior	( )	( )	_____

Laboratory, X-ray (if necessary):

CBC \_\_\_\_\_

Urinalysis \_\_\_\_\_

Immunizations: Please indicate date of administration or completion.

	1	2	3	4	5
<b>DPT</b>					
<b>OPV</b>					
<b>Hep B</b>					
<b>MMR</b>					
<b>TB Skin Test</b>					

Recommendation

Referrals:

Eye \_\_\_\_\_ Ear \_\_\_\_\_ Dental \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Recommended Physical Activity (Please check one)

Sedentary \_\_\_\_\_ Moderate \_\_\_\_\_ Light \_\_\_\_\_  
Partially Sedentary \_\_\_\_\_ Without Restriction \_\_\_\_\_ Others \_\_\_\_\_

Fit for all activities: \_\_\_\_\_

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date