

New & Returning Students Application Checklist and Approval Form

Student Name _____ Grade Level _____ RABA # _____

Documents Received: _____ Complete

Enrollment Forms:

_____ Application Form
_____ Financial Agreement
_____ Photo Release Form

School Records:

_____ Report Cards
_____ Official Transcript
_____ Cum Folder

Personal Documents:

_____ Birth Certificate
_____ Immunization Record
_____ School Entrance Health Certificate or CHC Blue Card (Yearly Requirement)
_____ Health Profile Form (Due every 2 years)
_____ Recent Photograph

Foreign Student Applicant (for US Student Visa):

_____ Passport copy _____ Bank Certificate (Parents) _____ Guardianship Document
_____ F-1 Visa copy _____ Copy of I-20 from previous school

Comments: _____

Entrance Exam: Date: _____

Test Results: Reading _____ Math _____

Interview with Principal:

_____ _____
Principal *Date*

Comments: _____

First day of classes: _____

GRACE CHRISTIAN ACADEMY

Application Form for New and Returning Students
School Year 2025 to 2026

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 ReptoBismol Robitussin Tylenol Hydrocortisone Ointment (anitch 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

A Dual Accredited K-12 International School

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
DPT					
OPV					
Hep B					
MMR					
TB Skin Test					

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



GRACE CHRISTIAN ACADEMY
An Accredited K-12 International School
Financial Agreement
SY: 2025 - 2026

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:

- \$3,295.00 (K4-G5) \$3,665.00 (G6-8) \$3,935.00 (G9-12)

representing tuition fees for the school year commencing in August of **2025** and ending in May of **2026**.

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, 2025 and ending May 1, 2026. 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 children enrolled in GCA will receive an annual tuition fee discount of \$165.00 for the second. For a third child, an annual discount of \$220. If more than three children are enrolled, the fourth child and above will receive an annual discount of \$275.00 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, 2025.

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 (10th) 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; specifically, 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 and/or 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 have an obligation to be actively involved in the education of our child which is vital to his/her success. We agree to uphold and support the high academic standards of this school by providing a place at home for our child to study and to give our child encouragement in the completion of the school assignments. We agree to attend all parent meetings and lend support to the overall program.

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, application documents, and financial documents.

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 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. With God's help, I will strive to be a loving, moral, and ethical citizen in and out of school as stated in the Expected School-wide Learning Results.

_____ Student's Name	_____ Student's Signature	_____ Grade	_____ Date
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**This portion must be signed by students in 3rd to 12th grade.*

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).