



# GRAYSON CHRISTIAN SCHOOL

## Home of the Falcons



4400 US Hwy 82 East – Sherman, TX 75090 – PH: 903-892-3304 Fax: 903-868-2546

### APPLICATION FOR RE-ENROLLMENT FOR 2025 - 2026 SCHOOL

This application is for students presently enrolled who desire to return for the 2025 - 2026 academic year.

The re-enrollment fee of \$150.00/per student must accompany this application and is non refundable. Re-enrollment must be turned in by **April 15, 2025 to receive the discount.** The re-enrollment fee will increase to the regular enrollment fee of \$275.00/per student if not received by **April 15th.**

Name \_\_\_\_\_ Grade Next Yr. Age \_\_\_\_\_

Name \_\_\_\_\_ Grade Next Yr. Age \_\_\_\_\_

Name \_\_\_\_\_ Grade Next Yr. Age \_\_\_\_\_

Name \_\_\_\_\_ Grade Next Yr. Age \_\_\_\_\_

\*Will your student(s) be attending the Extended School Day Program during the 2025- 2026 school year? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Re-enrollment Fee will be paid by this method: **FACTS account** \_\_\_\_\_ **Check** \_\_\_\_\_ **Cash** \_\_\_\_\_

\*Please select: **\_\_\_ One Full Tuition Payment \_\_\_ Two Semi-annual Tuition Payments**

**\_\_\_ Ten Monthly Tuition Payments beginning August 5th \_\_\_ or August 15th \_\_\_ on FACTS**

### Family Information

Mr. \_\_\_\_\_  
Last First Middle Initial Relationship to Student

Mrs. \_\_\_\_\_  
Last First Middle Initial Relationship to Student

Student's Address \_\_\_\_\_  
Street City State Zip Code

Student's Home Phone (\_\_\_\_\_) \_\_\_\_\_ Student's Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Father's Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Mother's Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Parent's Email: \_\_\_\_\_ / \_\_\_\_\_  
Father's Email Mother's Email

Father's Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Marital Status:  Married  Divorced  Widowed  Separated  Single

If divorced or separated, please provide the address of the non-custodial parent:

\_\_\_\_\_  
Name Street City State Zip Code

First Emergency Contact: (Check One) Father \_\_\_\_\_ Mother \_\_\_\_\_

Emergency Contacts (To be notified in case of an emergency, if parents are unavailable):

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**\*Please read, sign, and date the back of this page.**

**\*\*Please read the below statements and then sign in acknowledgment:**

- I understand that my child is expected to take part in educational activities, including sports and sponsored trips away from the facility, and I absolve the school from liability to me or my child because of any injury to my child at supervised school activities.
- I agree to uphold and support the high academic standard of the educational ministry by providing a place at home for my child to study and by encouraging my child in the completion of any homework or assignments.
- I hereby grant all rights to GCS regarding the use of my student's picture/video images in the school's web-site and/or other publicity materials.
- I appreciate the standards of the educational ministry and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead or the Word of God, or disrespect to the staff of the school.
- I hereby agree to support the regulations published in the school educational handbook on the applicants behalf and authorize the school to employ discipline, as it deems wise and expedient for the training of my child.
- I understand that the school reserves the right, after parental conference, to dismiss any child who fails to comply with the established regulations.
- I have read the school handbook and agree with the school's statements of faith, and mission.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

**I give my permission for the school office to administer over the counter medications to my student.**

No  Yes (Tylenol, Ibuprofen, Pepto/Tums, Benadryl, Cough Drops, Neosporin/Itch Cream, Band-Aids)

Please list any exclusions: \_\_\_\_\_

***K3—2nd Grade Curriculum Fee:***

**Please choose one:**

Curriculum \$575 to be billed over 10 months.

Use Early Discount and Pay \$475 by July 5th.

***3rd-12th Grade Curriculum Fee:***

**Please choose one:**

Curriculum \$700 to be billed over 10 months.

Use Early Discount and Pay \$600 by July 5th.

***For Office Use Only***

**Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff \_\_\_\_\_**