

# Grace Christian Academy



187 Lewiston Rd. W. Gardiner, ME 04345  
582-8045

[www.gracechristianacdmy.com](http://www.gracechristianacdmy.com)

[school@grace-chapel.org](mailto:school@grace-chapel.org)

“Put on the whole armor of God, that ye may be able to stand against the wiles of the devil.”  
Ephesians 6:11

## ADMISSIONS APPLICATION

### Enrollment Policy

Enrollment requirements include, but are not limited to, the following:

1. Grace Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship programs and athletic or other school administered programs.
2. Parents of students enrolled need to understand and support our Christian philosophy, goals and standards. Parents need to be willing to have their children trained in accordance with these ideals. Students from homes with serious differences with the school’s Biblical basis and/or its doctrines will not be accepted.
3. The student must be able to demonstrate, by the screening test or by a professional evaluation, that they are able to profit from normal classroom instruction. While we would like to be able to educate every child who comes to us, we may not have the resources necessary to educate children with substantial learning problems or disabilities.
4. The student must have a good disciplinary record and show agreement with Grace Christian’s policies and standards. Students who give evidence of social or moral liabilities will not be accepted. We do not require students to be born-again Christians, but they must be able to live in compliance with our policies and standards. Students will not be admitted if they demonstrate a clear lack of willingness to abide by Grace Christian’s rules.
5. Final acceptance will not be granted until copies of records from the previous school are received and reviewed.
6. All new students are placed on a sixty-day probationary period. Parents/guardians will be notified in writing of any problem hindering final acceptance. Probation may be extended by the Headmaster and the parents will be notified of such.
7. Students may be accepted with conditions (e.g. student must go to summer school, be tutored, receive counseling, etc.)
8. Students must meet state requirements regarding health and medical standards.

### Enrollment Procedure

1. Complete all application and packet information forms and attach a check for the application fee and curriculum fee.
2. After the application materials are reviewed, parents/guardians and student(s) will be scheduled for an interview. Parents should bring a copy of the most recent report card and achievement test results to the interview.
3. Applicants will be notified within one week of the interview as to whether a student has been given conditional acceptance or not. Final acceptance is conditional upon verification of a student’s academic, attendance and behavioral record by receipt of their official school records and the successful completion of the sixty-day probationary period.
4. The student’s sixty-day probationary period will start with their first day at Grace Christian. If official records or actual experience at Grace Christian during the probation period indicates that we are unable to educate a student then the parents/guardian will be notified in writing at any point during the sixty days stating the general reason(s) for the denial of acceptance as well as the last date that the student may attend Grace Christian.
5. Grade placement will be determined by the Headmaster after reviewing the student’s past academic record and any pre-enrollment testing.

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## STATEMENT of FAITH

### 1. The Word of God

We believe the Bible, composed of the Old and New Testaments, is God's inspired and infallible Word in its original manuscripts and is the supreme and final authority for all matters of faith and practice

### 2. God

We believe there is one God, eternally existent, infinite in holiness and all other perfections, who reveals Himself to us as Father, Son and Holy Spirit, without division of Nature, essence, or being.

#### A. God the Father

God as Father reigns with providential care over His creation. He is all-powerful, knowing, present, wise and loving.

#### B. God the Son

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

#### C. God the Holy Spirit

We believe in the personality of the Holy Spirit, who inspired men to write the Scriptures. He reveals Christ to men, convicts of sin, regenerates repentant sinners and cultivates Christ-like character

### 3. Man

We believe that man was created in the image of God, but by willful choice sinned against God and brought sin into the human race. Man is born in sin, is a sinner by practice and by Divine decree. Unregenerate man is under the condemnation of God and in need of Salvation.

### 4. Salvation

We believe that the only salvation from condemnation is received through faith in the Person and work of the Lord Jesus Christ, and that this salvation is a free gift of God's love and grace.

### 5. The Church

LOCAL: We believe that a New Testament Church is a local body of believers, baptized by immersion, associated for worship, service and to spread the gospel of Jesus Christ to all the world.

UNIVERSAL: We believe in the Church Universal, the body of Christ, which includes all of the redeemed of all the ages.

### 6. Ordinances

We believe in the ordinances of baptism and the Lord's Supper. Baptism is to be administered only upon profession of faith, by immersion, therefore declaring our faith in the crucified, buried and risen Savior, The Lord's Supper is for believers who upon self-examination remember the Lord's death and anticipate His second coming.

### 7. Eternal State

We believe in the resurrection of the just and the unjust. The just, having been redeemed by the shed blood of the Lord Jesus Christ, to be with Him throughout eternity in glory; the unjust, having died an unregenerate man, un-reconciled to God, to eternal condemnation in hell.

**We (I) acknowledge that the above precepts of faith will be instilled through all the areas of the school program while our (my) child(ren) is (are) a student(s) at Grace Christian Academy and we (I) hereby pledge our (my) support.**

Mr. \_\_\_\_\_  
(Please Print)

Mrs. \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Student(s) Name(s): \_\_\_\_\_

# Grace Christian Academy

## APPLICATION FOR ADMISSION

This application must be accompanied by a check for \$100.00.

\$350 Curriculum Fee is due by June 30

STUDENT'S NAME (IN FULL): \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_ SEX: \_\_\_ MALE \_\_\_ FEMALE

ANY PHYSICAL DISABILITY? \_\_\_ YES \_\_\_ NO IF YES, NATURE: \_\_\_\_\_

PLEASE CHECK ANY ONE OF THE FOLLOWING WHICH APPLY:

\_\_\_ Student living with both natural parents. \_\_\_ Student living with one natural parent and a step parent.

\_\_\_ Student living with one natural parent only. \_\_\_ Student not living with parents. Please explain: \_\_\_\_\_

\_\_\_ Student living with adoptive parent(s). \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_

### SCHOOL HISTORY:

Name of school attended during previous year: \_\_\_\_\_

School address: \_\_\_\_\_

Grade last attended: \_\_\_\_\_ Any grade repeated? \_\_\_ Yes \_\_\_ No Which? \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Ever dismissed, suspended or disciplined at any school? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

### CHURCH HISTORY:

Name of Church Home: \_\_\_\_\_

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

Name of Pastor: \_\_\_\_\_

How often do you attend? \_\_\_\_\_ Does applicant attend Sunday School and/or Youth Group? \_\_\_\_\_

WHILE STUDENT IS ENROLLED AT GRACE CHRISTIAN ACADEMY, I UNDERSTAND THAT:

1. My child will go on scheduled field trips and other activities.
2. The teacher has full discretion in the classroom discipline of my child.
3. The administration has full responsibility for placing my child in the proper grade.
4. My cooperation is expected in: (a) regular tuition payment, (b) practical help, (c) faithful prayer and (d) special gifts (since tuition does not cover all costs).
5. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.

**SIGNATURE OF BOTH PARENTS PREFERRED, ONE WILL BE ACCEPTED:**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only:

Date application received: \_\_\_\_\_

Application Fee Paid: \_\_\_\_\_

Curriculum Fee Paid: \_\_\_\_\_

Date interviewed/visited: \_\_\_\_\_

Date transcript requested: \_\_\_\_\_

Date transcript received: \_\_\_\_\_

Testing: Y N Date: \_\_\_\_\_

Date of Probation Notification: \_\_\_\_\_

# Grace Christian Academy

## Pastor, Teacher, Youth Worker Reference Form

### APPLICANT, PLEASE FILL IN THE FIRST TWO LINES

Student's Name \_\_\_\_\_ Grade Entering \_\_\_\_\_ Date: \_\_\_\_\_  
Phone \_\_\_\_\_ Age \_\_\_\_\_

The above-named student has applied for admission to Grace Christian Academy. In order to make an intelligent selection of students and to help them adequately, we must learn as much as possible about them before they come to us. Answer only those questions about which you have knowledge. The information that you give will be kept in strict confidence. Please mail this form directly to Grace Christian Academy, 187 Lewiston Rd., W. Gardiner, ME, 04345. Thank you.

**How well do you know this candidate?**  Considerable personal contact  Occasional contact  From record only

In what capacity and for how long have you known the student? \_\_\_\_\_

*Please check the following characteristics by the adjectives most nearly describing the applicant.*

CHARACTER:  Excellent  Very Good  Good  Fair  Poor \_\_\_\_\_

COURTESY:  Excellent  Very Good  Good  Fair  Poor \_\_\_\_\_

SOCIABILITY:  Excellent  Very Good  Good  Fair  Poor \_\_\_\_\_

RELATIONSHIP WITH PARENTS: Obedient, respectful, loving, etc.  Excellent  Very Good  Good  Fair  Poor \_\_\_\_\_

EMOTIONAL STABILITY:  Excellent  Very Good  Good  Fair  Poor \_\_\_\_\_

ACADEMIC MOTIVATION: Do they give their best effort and possess determination in face of difficulty?  Excellent  Very Good  Good  Fair  Poor \_\_\_\_\_

ACADEMIC ABILITY:  Excellent  Very Good  Good  Fair  Poor \_\_\_\_\_

ACADEMIC ACHIEVEMENT: How well do they employ their talents.  Excellent  Very Good  Good  Fair  Poor \_\_\_\_\_

LEADERSHIP:  Excellent  Very Good  Good  Fair  Poor \_\_\_\_\_

RELIGIOUS ACTIVITIES: Attendance at all services.  Excellent  Very Good  Good  Fair  Poor \_\_\_\_\_

PARTICIPATION IN YOUTH GROUPS: How well do they employ their talents.  Excellent  Very Good  Good  Fair  Poor \_\_\_\_\_

MORAL STANDARDS: Relationship to opposite sex.  Excellent  Very Good  Good  Fair  Poor \_\_\_\_\_

HABITS: Smoking, drinking, language, amusements, driving habits, etc.  No problems  Very few problems  Some problems  Many problems  Serious problems  Not known. \_\_\_\_\_

CHOICE OF ASSOCIATES:  Excellent  Very Good  Good  Fair  Poor \_\_\_\_\_

Is there any record of their conduct at church, school or in the community that has required more than ordinary disciplinary action?  No  Yes If yes, please give approximate date and a few particulars: \_\_\_\_\_

To summarize, please check the category, which, in your estimation, most fairly ranks the applicant with other members of their group

(A) Potential as a student:  Outstanding  Above Average  Average  Below Average  Not Known

(B) Potential as a person:  Outstanding  Above Average  Average  Below Average  Not Known

In consideration of all available evidence, how strongly do you recommend this applicant for admission to Grace Christian Academy?

Recommended most highly  Recommended with confidence  Recommended as satisfactory  Not recommended

**Please attach any additional information you think may be helpful to us.**

To the best of my knowledge this information is accurate... \_\_\_\_\_

Signature

Title/Position

Date

Please print name \_\_\_\_\_ Name of Church/Organization \_\_\_\_\_

May we contact you by phone?  No  Yes at \_\_\_\_\_

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## SECONDARY (Grades 6-12) STUDENT APPLICATION

Dear Student,

Thank you for your interest in enrolling at Grace Christian Academy. We work together as a community to create an atmosphere that fosters spiritual and academic growth in all of its members. In order for us to know you better, we would like you to answer the following questions. Your responses will enable us to accurately assess your possible placement in our school community. (Please use the back if necessary)

Name \_\_\_\_\_

1. Tell us about your relationship with Jesus Christ. \_\_\_\_\_

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2. Why do you wish to become a student at Grace Christian Academy ? \_\_\_\_\_

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3. What do you believe you could bring to the GCA community? \_\_\_\_\_

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4. Please list your hobbies, sports, musical interest and other areas of interest. \_\_\_\_\_

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5. What do you believe GCA can bring to your life?

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Additional comments: \_\_\_\_\_

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## PERSONAL AND FAMILY INFORMATION

(Where the student lives during the week.)

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

How often has this child changed schools in the last 5 years? \_\_\_\_\_ At what grade levels? \_\_\_\_\_

How long has he/she lived at their present address? \_\_\_\_\_

Please indicate any unusual factors in the child's life we should know about, i.e., absence of father or mother, unusual accidents, serious illness, etc.? \_\_\_\_\_

Father/Stepfather Name: \_\_\_\_\_

(Circle one)

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

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

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Education: High School Graduate?  Yes  No  
College Graduate?  Yes  No \_\_\_\_\_ Years

Please check if any of following apply:

Widower  Separated  
 Divorced  Remarried

Are you a Christian?  Yes  No

Mother/Stepmother Name: \_\_\_\_\_

(Circle one)

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

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

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Education: High School Graduate?  Yes  No  
College Graduate?  Yes  No \_\_\_\_\_ Years

Please check if any of the following apply:

Widow  Separated  
 Divorced  Remarried

Are you a Christian?  Yes  No

**PARENTS:** Why do you desire to enroll this child in this school? \_\_\_\_\_

Are you applying for the admission of all your school age children?  Yes  No If no, why? \_\_\_\_\_

How did you find out about Grace Christian Academy? \_\_\_\_\_

Do you desire assistance in arranging transportation to and from school?  Yes  No

Are you able to help transport other children through carpool arrangements?  Yes  No If yes, how often? \_\_\_\_\_

We have read the Statement of Faith and subscribe to them.

**AND/OR**

We are willing to have our child trained in accordance with them.

\_\_\_\_\_  
(Signature of Father)

\_\_\_\_\_  
(Signature of Mother)

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## ***Fee Schedule for School Year 2025 - 2026***

### **Enrollment Fee** (per student, each year)

\$100.00 -- Enrollment fee is due with enrollment form.  
Enrollment fee includes school time insurance.

### **Curriculum Fee** (per student, each year)

\$350.00 -- Due by June 30, 2025 or with enrollment form.

### **Annual Tuition**

**First child:** \$3,600.00.

**Second Child:** \$3,300.00.

**Third child:** \$3,000.00.

**Fourth child:** \$2,800.00.

**Additional children:** No Tuition. Must pay Enrollment and Curriculum Fees.

### **Scholarships**

There may be scholarship money available. If you would like more information about that please check the line below.

**I would like more information about the Scholarship Fund \_\_\_\_\_**

### **Payment Plan**

Grace Christian Academy operates on a 10-month (August thru May) payment plan.

A family may pay the whole amount before the school year starts.

For monthly payments a payment book will be used for each student.

Monthly checks should be made out to: Grace Christian Academy.

Payment is due by the 15th of each month, starting August 15.

Any other payment arrangements will have to be pre-approved by the School Committee. Requests should be routed through the Treasurer.

Late payments are subject to a \$10.00 late fee.

**Families who are more than 60 days behind in their tuition payments may have their students removed from school unless other arrangements are made with the School Committee.**

Please complete and return to the school office along with enrollment fee.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# **Grace Christian Academy**

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## **STUDENT RECORDS POLICY**

**In conformance with the Family Education Rights and Privacy Act of 1974 (PL-93-380), parents and legal guardians of students at Grace Christian Academy may inspect and review their children's records by notifying the Headmaster of their desire to do so.**

**The Act states that each school system adopt a policy, in conformity with the law, which provides specific assurance and appropriate restrictions with regard to student's records.**

**The Act provides a guarantee that parents and legal guardians may see their child(ren)'s records, lets parents correct any errors through informal and formal hearings, and limits access to school records by outsiders.**

### **Homeschooled Students**

**Students who were homeschooled the year preceding their enrollment at Grace Christian Academy must provide their academic records, either a portfolio or standardized testing, for their interview with the teacher(s) and School Committee.**



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## HEALTH RECORD

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To complete our State Immunization Assessment for this year we need the following information:

VACCINE	DATE(S) GIVEN
Polio	_____
DPT	_____
Measles	_____
Rubella	_____
Mumps	_____
Other vaccines/tests	_____
_____	_____
_____	_____

Please explain any health problems your child has and any medications associated with those conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

# Grace Christian Academy

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Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY INFORMATION

Allergies or other medical conditions: \_\_\_\_\_

Where can parents be reached if not at home?

Mother: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

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

\_\_\_\_\_

Office Telephone: \_\_\_\_\_

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may take or make whatever arrangements seem necessary.

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

## INSURANCE INFORMATION

1. We are insured with \_\_\_\_\_ Insurance Company. Our policy number is # \_\_\_\_\_, Group # \_\_\_\_\_.

2. We have MaineCare \_\_\_\_\_

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

# Grace Christian Academy

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## Yearly Liability Release and General Permission Slip for Local Trips

From time to time this year we will want to take students on local trips such as: activities, field trips and programs. Information regarding the field trips will be sent home prior to each trip but we will not require permission slips each time. This general permission slip will replace individual permission slips for all local field trips.

For longer trips teachers will send a permission slip home to be signed by parents.

In signing below, I hereby, for myself, my heirs, my executors, and administrators, waive and release any and all rights and claims for damages that I may have against Grace Christian Academy (hereafter referred to as GCA) and its agents, employees, representatives, successors, and assigns for any and all injuries suffered by myself or my child that arise out of the activity/field trip/program sponsored by GCA.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold GCA harmless of and from any and all liability of whatever nature may arise out of or result from such participation.

I am aware of the risks involved in participating in the activity/field trip/program and am also aware that participation involves the potential for injury.

I have read and understood this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Every possible safety precaution will be taken by those in charge. Please sign below if you grant permission for your child to attend local trips and you release Grace Christian Academy from responsibility for any unavoidable accident to him or her.

Participant(s) Attending Activity/Field Trip/Program: (Please list children in your family attending Grace Christian Academy below.)

-----  
Student's Name

-----  
Parental Signature

-----  
Student's Name

-----  
Parental Signature

-----  
Student's Name

-----  
Student's Name

Date: \_\_\_\_\_

# Grace Christian Academy

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Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TRANSFER OF PUPIL RECORDS

This is to certify that I, \_\_\_\_\_ the parent/legal guardian of the child/children listed below do hereby request that the educational records of the below listed child/children be transferred to:

GRACE CHRISTIAN ACADEMY  
187 Lewiston Rd.  
W. Gardiner, ME 04345

Parent/legal guardian privileges and obligations under the Family Educational Rights and Privacy Act are:

1. Notification of the transfer.
2. If desired, a copy of the records may be obtained with the cost of the copying provided by the parent/legal guardian.
3. An opportunity for a hearing to challenge the content of the records is provided.

I have been informed and understand my rights regarding the transfer of pupil records.

Child/Children's Names	Grade
_____	_____
_____	_____
_____	_____
_____	_____

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

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

\_\_\_\_\_  
\_\_\_\_\_

# Grace Christian Academy Enrollment Checklist

Before returning this enrollment package, the following items must be included to begin the enrollment process.

Completed and Signed.

- Statement of Faith
- Application for Admission
- Personal and Family Information
- Transfer of Student Records – parent to request these to be sent to GCA upon admission of child(ren).
- Health Record
- Emergency Information
- Letter of Reference (Pastor, youth leader S.S. teacher, teacher, camp counselor, employer, etc.)

Additional enclosures should be provided by the parent/guardian

- Latest report card
- Check for enrollment fee and curriculum fee.