



Family Application Form

Please print prospective students name in ink, from youngest to oldest.

Full Legal name of Student	Date of Birth	Grade Entering
1		
2		
3		

Ethnicity: White/Non-Hispanic Black/Non-Hispanic Asian/Pacific Islander American Indian/Alaskan Native Multi-racial

Student's primary residence: _____ **Date:** _____

Name of custodial parent/guardian: _____

Street address: _____ Home Phone: _____

City /State: _____ Zip code: _____

Father/Guardian/Stepfather Information:	Mother/Guardian/Stepmother Information:
Name:	Name:
Birthdate:	Birthdate:
Address:	Address:
City/State/Zip:	City/State/Zip:
Daytime phone:	Daytime phone:
Cell phone:	Cell phone:
E-mail:	E-mail:

Public school district in which you reside: _____

Name of preschool: _____

Name of church (if you attend): _____

How did you hear about our school? _____

Please return this completed form along with a one-time registration fee of \$50 (per family).
 Checks may be made payable to Grace Community School.

Please send your application to:
 Grace Community School Attn: Phil Mears PO Box 358 Delaware, OH 43015

"Grace Community School recruits and admits students of any race, color or ethnic origin to all rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be alternative to court or administrative agency order, or public school district initiated, desegregation."