

APPLICATION FOR ADMISSION (K3 THROUGH 12TH)

GATEWAY CHRISTIAN SCHOOL

1 GATEWAY DRIVE

MIDDLESBORO, KY 40965

PHONE: (606)248-0557 FAX: (606)248-0410

EMAIL: gatewayschool@bellsouth.net

DATE OF APPLICATION: _____

SCHOOL YEAR: _____ - _____

GRADE APPLING FOR: _____

NON-DISCRIMINATION POLICY – GATEWAY CHRISTIAN SCHOOL ADMITS STUDENTS OF ANY GENDER, RACE, COLOR, NATIONAL OR ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS OF THE SCHOOL. GATEWAY CHRISTIAN SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF ANY GENDER, RACE, COLOR, NATIONAL OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES AND ADMISSION. ADMISSION TO GCS IS BASED ON PAST ACADEMIC PERFORMANCE, PREVIOUS CONDUCT AND BEHAVIOR, RECORDS, AND TESTING. ACCEPTANCE IS BASED ON THE ABILITY OF THE SCHOOL TO MEET THE EDUCATIONAL AND SPIRITUAL NEEDS OF THE STUDENT. UNFORTUNATELY THE SCHOOL CANNOT ACCEPT CHILDREN WITH "SPECIAL" NEEDS DUE TO THE LACK OF EQUIPMENT, TRAINING, AND RESOURCES NEEDED FOR CHILDREN WITH SEVERE MENTAL, PHYSICAL, BEHAVIORAL, OR EMOTIONAL PROBLEMS. IN ADDITION PARENTS MUST BE AGREEMENT WITH THE MISSION, PHILOSOPHY, AND POLICIES OF THE SCHOOL. WE RESERVE THE RIGHT TO ACCEPT OR REJECT AN APPLICANT FOR ANY OR NO REASON.

APPLICANT INFORMATION

STUDENT'S NAME: _____
LAST FIRST MIDDLE

_____/_____/_____
DATE OF BIRTH PLACE OF BIRTH GENDER RACE

ADDRESS CITY STATE ZIP

STUDENT LIVES WITH: _____ PRIMARY CONTACT #: _____

TO BE FILLED OUT BY OFFICE ONLY

INTERVIEW DATE: _____ TESTING: YES NO ACCEPTED: YES NO GRADE PLACEMENT: _____
APPLICATION FEE PD: YES NO REGISTRATION FEE PD: YES NO TUITION FEE PD: YES NO BOOK DEPOSIT PD: YES NO

APPLICANTS SCHOOL HISTORY

IS THIS YOUR CHILD'S FIRST SCHOOL EXPERIENCE? ____ YES ____ NO IF NO, PLEASE LIST PREVIOUS SCHOOL(S) ATTENDED

NAME OF SCHOOL: _____

SCHOOL ADDRESS: _____

GRADES ATTENDED: _____ REASON FOR LEAVING: _____

HAS APPLICANT EVER SKIPPED/REPEATED A GRADE? ____ YES ____ NO IF YES PLEASE EXPLAIN? _____

ARE YOU REQUESTING YOUR CHILD REPEAT A GRADE? ____ YES ____ NO IF YES PLEASE EXPLAIN? _____

HAS APPLICANT BEEN EVALUATED FOR (CHECK ALL THAT APPLY)

____ ADHD/ADD ____ EMOTIONAL DIFFICULTIES ____ LANGUAGE PROCESSING OR SPEECH

____ LEARNING DISABILITIES ____ HEALTH CONCERNS ____ OTHER (PLEASE SPECIFY) _____

IF YOU CHECKED ANY OF THE ABOVE, PLEASE PROVIDE DATES, TESTS RESULTS, EVALUATIONS, OR IEP REPORT.

HAS YOUR CHILD HAD ANY TYPE OF DIFFICULTY IN SCHOOL? ____ YES ____ NO

IF YES PLEASE EXPLAIN. _____

DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD'S TRANSITION TO GCS? ____ YES ____ NO

IF YES PLEASE EXPLAIN. _____

APPLICANT'S INTERESTS

ACADEMICS, ATHLETICS, ARTS, SPIRITUAL LIFE: _____

OUTSTANDING ABILITIES (PHYSICAL, MENTAL, SOCIAL, ETC.): _____

PARENT/GUARDIAN INFORMATION

FATHER/GUARDIAN FULL NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

MARITAL STATUS: _____ MARRIED _____ SEPERATED _____ DIVORCED _____ SINGLE _____ WIDOWER

OCCUPATION/POSITION: _____

EMPLOYER: _____ BUSINESS PHONE: _____

CHURCH ATTENDING: _____

ATTEND: _____ REGULARLY (3-4 TIMES/MO.) _____ OCCASSIONALLY (1-2 TIMES/MO.) _____ RARELY (LESS THAN 6 TIMES/YEAR)

MOTHER/GUARDIAN FULL NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

MARITAL STATUS: _____ MARRIED _____ SEPERATED _____ DIVORCED _____ SINGLE _____ WIDOW

OCCUPATION/POSITION: _____

EMPLOYER: _____ BUSINESS PHONE: _____

CHURCH ATTENDING: _____

ATTEND: _____ REGULARLY (3-4 TIMES/MO.) _____ OCCASSIONALLY (1-2 TIMES/MO.) _____ RARELY (LESS THAN 6 TIMES/YEAR)

SIBLINGS

NAME: _____ AGE: _____ GRADE _____

NAME: _____ AGE: _____ GRADE _____

NAME: _____ AGE: _____ GRADE _____

PLEASE LIST ANYONE ELSE AND RELATIONSHIP TO APPLICANT THAT LIVES IN HOUSEHOLD: _____

HOME LIFE

IF APPLICANT DOES NOT LIVE WITH BOTH PARENTS, WITH WHOM DOES HE/SHE LIVE? _____

WHO HAS LEGAL CUSTODY OF APPLICANT? _____

IS EITHER PARENT IS FORBIDDEN BY COURT ORDER FROM HAVING EQUAL ACCESS TO THE APPLICANT OR THE SCHOOL RECORDS? ____ YES ____ NO *IF YES PLEASE PROVIDE A COPY OF COURT ORDER FOR RECORDS.

ANY SPECIAL CUSTODIAL INSTRUCTIONS? ____ YES ____ NO IF YES PLEASE EXPLAIN: _____

ANY UNUSUAL FACTORS IN THE APPLICANT'S LIFE WE NEED TO BE AWARE OF? _____

PLEASE LIST THE DISCIPLINARY METHODS NORMALLY USED IN HOME WHEN NECESSARY. (EX. SEND TO ROOM, WITHHOLD PRIVILEGES, SPANKING) _____

IF THE APPLICANT NEEDS DISCIPLINARY ACTION AT SCHOOL, WHAT METHODS DO YOU SUGGEST? _____

HOW OFTEN DOES THE APPLICANT HAVE SOME EDUCATIONAL TRAINING AT HOME? (WORKING ON LETTERS/ NUMBERS, READING, ETC) ____ DAILY ____ WEEKLY ____ MONTHLY ____ LIMITED ____ NEVER

HOW OFTEN DOES THE APPLICANT HAVE SPIRITUAL TRAINING AT HOME? (BIBLE READING, DEVOTIONS, PRAYER, ETC) ____ DAILY ____ WEEKLY ____ MONTHLY ____ LIMITED ____ NEVER

WHAT TYPE OF RECREATIONAL ACTIVITIES DO YOU DO AS A FAMILY? _____

WHAT IS THE AVERAGE TIME A DAY THE CHILD SPENDS: WATCHING TV _____
PLAYING VIDEO GAMES _____ ON SOCIAL MEDIA _____

HOW DID YOU HEAR ABOUT GCS? _____

WHY DO YOU WANT YOUR CHILD TO ATTEND GCS? _____

WE AFFIRM THAT ALL INFORMATION PROVIDED DURING THE ADMISSION PROCESS IS TRUE AND UNDERSTAND
THAT ALL INFORMATION GATHERED DURING THE ADMISSION PROCESS IS THE PROPERTY OF GATEWAY
CHRISTIAN SCHOOL AND WILL BE KEPT CONFIDENTIAL.

PARENT/GUARDIAN'S SIGNATURE

DATE

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