



Application

STUDENT INFORMATION

STUDENT'S NAME _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET CITY ZIP CODE

DATE OF BIRTH _____ AGE _____ GENDER _____ GRADE ENTERING _____

SOCIAL SECURITY NUMBER _____ STUDENT'S CELL PHONE _____

STUDENT'S EMAIL ADDRESS _____

SCHOOL LAST ATTENDED _____

SCHOOL ADDRESS _____
STREET CITY ZIP CODE

FAMILY INFORMATION

FATHER'S/GUARDIAN'S NAME _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET CITY ZIP CODE

CELL PHONE _____ BUSINESS PHONE _____

EMAIL ADDRESS _____

OCCUPATION _____ EMPLOYER _____

MOTHER'S/GUARDIAN'S NAME _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET CITY ZIP CODE

CELL PHONE _____ BUSINESS PHONE _____

EMAIL ADDRESS _____

OCCUPATION _____ EMPLOYER _____

MARITAL STATUS

MARRIED _____ LIVING TOGETHER _____ DIVORCED _____ WIDOW _____ WIDOWER _____ SINGLE _____



IN CASE OF EMERGENCY (IF PARENTS UNAVAILABLE) CALL:

NAME _____ RELATIONSHIP _____

CELL PHONE _____ HOME PHONE _____

BUSINESS PHONE _____

NAME _____ RELATIONSHIP _____

CELL PHONE _____ HOME PHONE _____

BUSINESS PHONE _____

RELIGIOUS INFORMATION

Are you currently active in a church? Yes ___ No ___

CHURCH NAME _____

CHURCH ADDRESS _____

STREET

CITY

COUNTY

ZIP CODE

PASTOR _____

FATHER/GUARDIAN: Are you a Christian? Yes ___ No ___

MOTHER/GUARDIAN: Are you a Christian? Yes ___ No ___

Has student ever made a profession of faith in Christ? Yes ___ No ___



SCHOLASTIC INFORMATION

Has student ever been expelled, dismissed, suspended or refused admission to another school?

Yes ___ No ___ If yes, please explain _____

Has student ever had disciplinary difficulties?

Yes ___ No ___ If yes, please explain _____

Please indicate academic level of student's previous work: Excellent ___ Good ___ Average ___ Poor ___

N/A ___

Has student ever failed in school?

Yes ___ No ___ If yes, please explain _____

NONDISCRIMINATION POLICY

Grace Baptist Academy admits students of any race, color, and 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, and national or ethnic origin in administration of its educational policies, admissions policies, and athletic and other school-administered programs. Furthermore, Grace Baptist Academy reserves the right to select students and families on the basis of academic performance, Christian commitment, lifestyle choices, and personal qualifications including a willingness to cooperate with Grace Baptist Academy's administration and policies.



2024-25 Tuition and Fees

REGISTRATION AND TESTING

Registration for first student _____	\$250
Registration for each additional student _____	\$50
Testing for first student _____	\$25
Testing for each additional student _____	\$5

BOOK FEES

Book fees are due by the first day of school.

K-4 _____	\$123.80	6 th _____	\$342.40
K-5 _____	\$188.40	7 th _____	\$269.55
1 st _____	\$393.55	8 th _____	\$280.70
2 nd _____	\$375.55	9 th _____	\$345.45
3 rd _____	\$390.15	10 th _____	\$376.65
4 th _____	\$409.65	11 th _____	\$479.20
5 th _____	\$336.25	12 th _____	\$421.85

ADDITIONAL FEES

Sports fee (per sport) _____	\$85
Standard Testing (Grades 1-12) _____	\$50
Graduation Fee (Kindergarten) _____	\$40
Graduation Fee (12 th Grade) _____	\$100

TUITION

	10 Month Plan	Total	12 Month Plan	Total
K-4 through 12th students	\$494.51		\$412.09	
Second student	\$269.73	\$764.24	\$224.78	\$636.87
Third student	\$184.68	\$948.92	\$153.90	\$790.77
Fourth and consecutive students	\$164.31	\$1113.23	\$136.92	\$927.69



Parent/Guardian Waiver and Indemnity Agreement

I, the parent or guardian of _____, give permission for him/her to participate in school-sponsored activities at and away from Grace Baptist Academy. I will inform the school by written request should I choose to keep my child from any activity or trip.

I authorize the representative of the school complete medical guardianship of my child in case of an accident or emergency. The representative of Grace Baptist Academy is authorized to have _____ treated and given medical attention that is needed for his/her well-being.

The family doctor is _____, phone number: _____

The recommended hospital is _____. Otherwise, I give authority for the representative to make the choice of doctor and hospital.

I hereby for myself, my heirs, executors, and administrators waive and release Grace Baptist Academy and any representatives, employees, agents, successors of the school from any liability or responsibility for injuries, damages or expenses that may occur to my child arising from any school activity, and I agree to indemnify and save harmless Grace Baptist Academy and any representative of the school against any such claim for injuries, damages or expenses made by or on behalf of my child.

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____

Do you carry health insurance on the student? Yes ___ No ___

Name of Insurance Company _____ Policy No. _____

Does the student have any physical problems of a medical nature or allergies to medicines? Yes ___ No ___

If yes, please list all known medicines _____



Request for Records

FORMER SCHOOL _____

ADDRESS _____
STREET CITY COUNTY ZIP CODE

STUDENT'S NAME _____
LAST FIRST MIDDLE

DATE OF BIRTH _____

I hereby authorize the cumulative permanent record folder for the above-named student, including transcripts of past academic records, grades earned during the current year to date, record of attendance, medical and immunization records, standardized tests, and any other pertinent information available to be released and sent to the following address:

GRACE BAPTIST ACADEMY
5000 Leo Kerner/Laffite Pkwy
Marrero, LA 70072

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____

OFFICE USE ONLY:

Date mailed to former school: _____

Records received by: _____

Date _____



Medical Record/Release

STUDENT'S NAME _____
LAST FIRST MIDDLE

Please list any present or on-going medical conditions your child has (i.e., heart ailments, diabetes, allergies, convulsions, etc.)

Please list any medications for which your child has an allergy. _____

Please list any medications which your child is now taking. _____

Does your child need to wear a Medic-Alert Tag for a special medical condition?

Yes ___ No ___ If yes, please define _____

I, the parent/guardian of _____ give medical release and permission to
Grace Baptist Academy for security emergency medical care by qualified medical personnel for my child.

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____



Medical Information

I, _____, give Grace Baptist Academy permission to administer medication to _____ as needed and deemed necessary by his/her teacher. I understand that medication must be turned in to the school office and will be kept for my child's use. I have listed below the medications I will provide that may be taken by my child. I will also list any known allergies that will severely affect my child.

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____

Medications to be administered

Over-the-counter medications (Tylenol, ibuprofen, Pepto Bismol, cortisone cream) will be available to students should the staff have parental consent and believe that a student is in need of such medication.

Please check your preference:

_____ Please inform me each time my child receives medication. (An email will be sent home.)

_____ Please administer medicine as deemed necessary by the staff.

_____ DO NOT administer any medication to my child without first obtaining verbal permission.

If any prescriptive medicine must be administered, please notify your child's teacher and turn in written directions to the school office.



Discipline Form

Some children do not adjust to a disciplined academic environment and find excuses to criticize the policies and decisions of staff and administration. In such cases, the school reserves the right to have full discretion in the discipline of every student, to place such students on probation for a reasonable corrective period of time, and to dismiss any student who does not cooperate with the total educational process.

PARENT PLEDGE:

I realize that from time-to-time children take issue with actions that they do not agree with and that they are prone to criticize statements out of context. This being normal for children, I pledge that should such occur, I will not support the criticism, that I will correct my child, support the school personnel, and call for full details at any time I have a question concerning an incident.

I further realize that building strong relationships with my child's supervisor to aid in the training of my child is as much my responsibility as it is the school's, and that I will pray for the staff and program, cooperate with them in discipline accepting their judgment in such matters, lay a spiritual foundation through Godly example in the home, support the spiritual training of chapel, revivals, etc., follow through with any work assignments or slips to be signed, see that the children reach school on time, phone or send written excuses for absence or tardiness, cooperate in training the children to respect school property and pay for irregular abuse of the same, attend all parent functions, and assist in publicizing the school and its programs among friends.

I realize that attending Grace Baptist Academy is a privilege and not a right. It is my intention to abide by the decisions and support the discipline of the administration.

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____



Pick Up List

If your child is to be picked up by anyone besides a parent/guardian, please list the names of approved people. If your child needs to be picked up by someone other than those on the list, please send written permission with your child. If your child is in a carpool, list all students who will be together.

No student should arrive before 8:15 a.m., and all students should be picked up by 3:30 p.m. unless arrangements are made for after school care.

STUDENT'S NAME _____

List of approved people to pick up your child(ren):

NAME _____ RELATIONSHIP _____

CELL PHONE _____ BUSINESS PHONE _____

NAME _____ RELATIONSHIP _____

CELL PHONE _____ BUSINESS PHONE _____

NAME _____ RELATIONSHIP _____

CELL PHONE _____ BUSINESS PHONE _____

CARPOOL STUDENTS:



Handbook Agreement

I agree to insist that my child submit to the program, academic and disciplinary regulations, and all other requirements instituted by the administration in the Admissions Packet and Student Handbook and carried out by the principal, faculty, and staff.

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____

STUDENT'S SIGNATURE _____ DATE _____
(7th grade and above)



Uniform Requirements

Kindergarten & Elementary Uniform

Boys- Navy or medium gray polo-style uniform shirt

Navy or khaki casual pants or shorts (not gym-style) to the knee

Shorts may not be cargo-style or have pockets sewn onto the outside.

Pants or shorts with belt loops need a belt.

Socks with tennis shoes; no cartoon characters, please

P.E. Uniform: Blue jeans, sweatpants, or P.E. shorts and a GBA P.E. shirt

Girls- Navy or medium gray polo-style uniform shirt

Navy or khaki skirt at or below the knee and not form-fitting

Socks with tennis shoes; no cartoon characters please

P.E. Uniform: Navy sports skirt (available through the school office) at or below the knee and a GBA P.E. shirt; these sports skirts may be

worn as the daily uniform skirt

Junior High and High School Uniform

Young Men- Navy, gray, black, white, or red polo-style shirt with school logo embroidered

Navy, gray, or khaki pants or uniform shorts to the knee with a belt (no gym-style shorts)

Shorts may not be cargo-style or have pockets sewn onto the outside.

Socks with tennis shoes or casual shoes

P.E. Uniform: Blue jeans, sweat pants, or P.E. shorts and a GBA P.E. shirt

Young Ladies- Navy, gray, black, white, or red polo-style shirt with school logo embroidered

Navy, gray, or khaki skirt at or below the knee and not form-fitting

Socks with tennis shoes or casual shoes

P.E. Uniform: Navy sports skirt (available through the school office) at or below the knee and a GBA P.E. shirt; these sports skirts may be worn as the daily uniform skirt

A school sweatshirt may be worn in the classroom.



School Supply List

K-4 (Please write name on all supplies)

8 Fat Crayons
Round Tip Scissors
1 Glue Stick
2 Fat Pencils
Supply Box
Book Bag
Lunch Box
Mat, Small Blanket, & Pillow
2 Complete Changes of Clothes

K-5 (Please write name on all supplies)

12-24 Crayons
Round Tip Scissors
1 Glue Stick
5 Wooden Pencils
Supply Box
Book Bag
Lunch Box
Mat, Small Blanket, & Pillow
1 Complete Change of Clothes

1st and 2nd (Please write name on all supplies)

24 Crayons
Scissors
1 Bottle of Glue, 2 Glue Sticks
Pencils
2 Large Erasers
4 Wide Ruled Composition Books
Book Bag
Lunch Box
Ruler (in. & cent.)
King James Bible
Pencil Box
Colored Pencils



3rd through 6th Grade

Colored Pencils
Scissors
Sm. Glue
Pens & Pencils
Erasers
Loose-Leaf Paper
3-Ring Binder
Ruler (in. & cent.)
Protractor & Compass (6th)
Yellow Highlighter
Pencil Box
Book Bag
Sm. Paperback Dictionary
King James Bible

7th through 12th Grade

Pens & Pencils
Erasers
Loose-Leaf Paper
3-Ring Binder
King James Bible
Protractor & Compass
Colored Pencils
Ruler (in. & cent.)
Scientific Calculator (9th-12th)

***No TV or movie characters are allowed on book bags, lunch boxes or notebooks.**