

Term 20 _____ Date _____

STUDENT INFORMATION

Name _____
(Last) (First) (Middle)

Address _____

City / State _____ ZIP _____

Telephone _____

Age _____ Sex _____ Birth Date _____ Birthplace _____

School Last Attended _____

Address _____

Last Grade Completed _____

FAMILY INFORMATION

Father's Name _____

Employment _____

Position _____ Business Phone _____

Mother's Name _____

Employment _____

Position _____ Business Phone _____

Emergency telephone number,
other than those already listed _____

Marital Status: Married _____ Widow _____

Divorced _____ Separated _____

Children in family of school age if not applying:

Name _____ Age _____

Reason they are not applying: _____

RELIGIOUS INFORMATION

Church Attending _____

Address _____

Pastor _____ Phone _____

Father: Christian? Yes _____ No _____

Mother: Christian? Yes _____ No _____

Has applicant ever made a profession of faith in Christ?

Yes _____ No _____

MEDICAL INFORMATION

Family Physician _____

Phone _____

Does student have any physical defects or allergies? _____

Explain: _____

Has student received immunizations? DTP/DTaP/DT/Td _____

Polio _____ MMR _____

Varicella _____ Hepatitis B _____

SCHOLASTIC INFORMATION

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

If yes, explain: _____

Has student ever had disciplinary difficulty at school? _____

If yes, detail: _____

Does student have a juvenile or arrest record? _____

If yes, explain: _____

Has student ever used tobacco or nonprescription drugs of any kind? _____

If yes, explain: _____

Please indicate academic level of student's previous work:

Excellent _____ Good _____ Average _____ Poor _____

Has student ever failed an academic subject in school? _____

If yes, explain: _____

GENERAL INFORMATION

How did you hear about this school? _____

Reason for selecting this school: _____

Application must be filled out completely before it can be processed.

Application, Registration, and Testing Fees of \$ _____

must accompany Application and are not refundable. An interview with the parents and the student will be required before final acceptance.



For your convenience in meeting your financial obligations, tuition is divided into _____ installments. The first payment is due on or before _____; the final payment is due on _____, before the final Progress Reports are mailed at the end of the school year.

"I hereby pledge to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account.

"I give permission for my student to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity.

"I agree to uphold and support the high academic standard of the school by providing a place at home for my student to study and giving my student encouragement in the completion of any homework or assignments.

"I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my student.

"I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

"I have read the *Student Handbook*, agreed to complete Parent Orientation PACEs, and understand the terms stated on this Application and agree thereto."

Signature of Father

Signature of Mother

Date

Date

PASTOR'S RECOMMENDATION

To the parent(s): Complete this section and give this form to your Pastor with a stamped envelope addressed to: Gateway Christian School, 6623 Five Palms Drive, San Antonio, TX, 78242. This completed form is required for admission into Gateway Christian School.

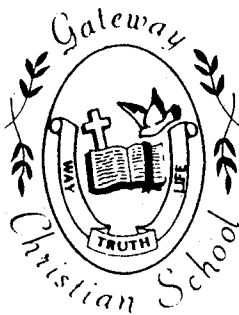
_____	_____
Student's Name	Parent's Name
_____	_____
Address	City Zip Code
_____	_____
Telephone (Home)	Telephone (Work)

To the Pastor: Your recommendation is highly valued to us as we consider this applicant for admission to Gateway Christian School. We at Gateway Christian School are motivated by the purpose of being an extension of the home. Therefore, in light of our purpose, we ask that you complete this form carefully and return it directly to us.

_____	_____
Pastor's Name	Church Name
_____	_____
Address	City Zip Code
_____	_____
Telephone	

Is this child's family actively involved in the church? Yes _____ No _____
At what capacity? _____
Is the child: _____ Fairly self-controlled _____ Overly active
 _____ Introverted _____ Extroverted
Do you feel the child is suited for a fairly structured classroom experience at Gateway Christian School? Yes _____ No _____
Would you recommend this student for enrollment? Yes _____ No _____
Additional information which would help to evaluate this child as a potential student at Gateway Christian School: _____

_____	_____
Pastor's Signature	Date



6623 Five Palms Dr.
San Antonio, Texas 78242
674-5703

Dear Parents,

Gateway Christian School is honored that you have asked our staff to assist you in training your child for Christian leadership. Our total program is designed to develop the spiritual and academic qualities that characterize your child. We appreciate your confidence in our program. In order to carry out your wishes for total character development, we believe it is necessary to follow Scriptural admonition to correct a child when his behavior is in violation of proper or reasonable rules and procedures. When warranted, corporal punishment will be exercised under the following guidelines:

1. The offense will be clearly discussed with your child.
2. A reasonable number of firm strokes will be administered with a simple, flat paddle.
3. Students sixth grade and above will be paddled by a staff member of the same sex.
4. A staff member will be present as a witness.
5. Your child will not be physically restrained. (If your child refuses to submit to paddling, you will be asked to come to the school to discuss the matter; and if believed in the best interest of the school, the child will be withdrawn from the school.)
6. Following administering of the strokes, the staff will pray with your child, assuring your child of their love.

I, _____
(Name of Father and Mother)

have read the above and agree to support the school in its policy of corporal punishment, without reservation and personally pledge my support of this Scriptural approach to discipline.

Father's Signature

Mother's Signature

Date

Date

QUESTIONNAIRE
(6th grade and above only)

Student Name _____ Grade _____

The student's attitudes, conversation, and behavior reflect the character of the institution from which he derives his training, both home and school. This form reflects the school's attempts to secure students who would best adjust to the rigor of a highly disciplined Christian training program.

1. Are you a Christian? _____ At what age were you saved? _____
 2. Do you attend church regularly? _____ Where? _____
 3. Do you accept the Bible as God's Word and submit yourself to its principles as a final authority? _____
 4. Do you sincerely pledge allegiance to the Christian and American flags? _____
 5. Do you dance? _____
 6. Do you watch "R" rated movies (whether at the theater or on TV)? _____
 7. Do you curse? _____
 8. Do you use tobacco (smoke, dip, chew)? _____
 9. Do you drink alcoholic beverages? _____
 10. Do you currently use narcotics (pills, marijuana, etc.) of any kind? _____ Have you used narcotics in the past? _____
 11. Have you ever run away from home? _____ How long ago? _____
 12. Will you honestly agree to keep all the school's rules and respect authority without being critical and finding fault? _____
 13. Do you want to attend Gateway Christian School? _____ Why? _____
-

GENERAL POLICY:

Students will sign a Standard of Conduct Commitment upon enrollment, and they are expected to abide by it throughout their enrollment. Students found to be out of harmony with Gateway Christian School's ideals of work and life may be invited to withdraw whenever the administration determines that it is necessary.

MEDICAL HISTORY

IT IS MANDATORY that pupils who show symptoms of communicable diseases be excluded from classes until readmission is acceptable to the Church's Educational leaders. Your cooperation will be greatly appreciated. Thank you!

Pupil's Name _____ Birth Date _____ Sex _____

Father's Occupation _____ Mother's Occupation _____

Father's Health _____ If deceased, cause _____

Mother's Health _____ If deceased, cause _____

PAST DISEASES - (If your child has had any of the following, state age when he had them.)

Mumps _____	Diphtheria _____	Polio _____
Measles _____	Scarlet Fever _____	Convulsions _____
Whooping Cough _____	Rheumatic Fever _____	Heart Disease _____
Asthma _____	Chicken Pox _____	Diabetes _____
Hay Fever _____	Pneumonia _____	Discharging Ears _____

Has your child had a skin test for tuberculosis? _____ Date administered _____

Has he been associated with a tubercular patient? _____ When? _____

Has your child been diagnosed with AIDS? _____ When? _____

RECENT DISABILITIES - (Please check any one of the following noted recently.)

4 or more colds yearly _____	Fainting spells _____	Hearing difficulty _____
Frequent sore throat _____	Abdominal pains _____	Tires easily _____
Poor vision _____	Frequent urination _____	Breath shortness _____
Frequent leg pains _____	Allergy _____	Hernia (rupture) _____
Dizziness _____	Persistent cough _____	Ring worm _____
Frequent sties _____	Speech difficulty _____	Nose bleeding _____
Dental defects _____	Crippling conditions _____	Growing pains _____

Does your child have a disability due to disease or accident? _____

IMMUNIZATION RECORD

VACCINE	DATE	DATE	DATE	DATE	DATE
DTP					
TD or TETANUS					
POLIO, oral					
RUBEOLA (measles)					
MUMPS					
RUBELLA (German measles)					

PERSONAL RECORD - (Please answer all of the following.)

Is he/she shy? _____ Overactive? _____ Bite fingernails? _____

Suck thumb? _____ Have excessive fears? _____ Have temper tantrums? _____

Like school? _____ Play well with others? _____ Eat breakfast? _____

When is his/her regular bedtime? _____ When is his/her rising time? _____

DATE _____ SIGNATURE OF PARENT _____

DATE _____ SIGNATURE OF PHYSICIAN _____ PHONE _____

DO NOT WRITE IN THIS SPACE

REMINDER: No pupil will be excused from P.E. without a written permit from a physician.

EMERGENCY MEDICAL AUTHORIZATION

In the event that I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize the Principal or a representative from Gateway Christian School to take my child _____ to:

Family Physician (if not available, call another physician)

Address

Telephone Number

or to:

Clinic or Hospital

Parent or Legal Guardian's Signature

Date