



GRADES K-12  
NEW FAMILY  
ENROLLMENT INFORMATION

North Campus (Grades K-6)

220 South Main Street  
Mt. Gilead, Ohio 43338  
(419) 947-5739

South Campus (Grades 7-12)

3613 Township Road 115  
Mt. Gilead, Ohio 43338  
(419) 946-5990

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Dear Parents:

Thank you for your interest in enrollment at Gilead Christian School. We exist to primarily assist parents in fulfilling their divine responsibility to train thoroughly each child to obey God in every area of life. It is our goal to provide an education correlated to the national standards while helping them to grow spiritually. This will be accomplished by providing a program of learning experiences to guide the individual student in understanding, appreciating and relating to the truth of God as revealed in His word and His world, and the realms of nature and humankind.

We hope the enclosed information will answer some of the questions you may have, as well as make you aware of the programs available at Gilead Christian School.

To enroll your child(ren), please complete the enclosed application form and return it with a non-refundable \$40.00 application fee. Once your application is received, we will contact you for an interview.

We are looking forward to meeting you. If you have any questions, please contact our office at (419) 946-5990.

Sincerely,

Gary W. Miller  
Administrator



## **ENROLLMENT PROCEDURES:**

1. Please complete the enclosed enrollment application and return it with a non-refundable \$40.00 application fee to Gilead Christian School, Attn: Enrollment, 3613 Twp. Road 115, Mt. Gilead, Ohio 43338. Applications will be considered in the order in which they are received.
2. After review of your enrollment application, we will contact you to set up an interview. Children entering grades 7-12 should be present at this time as well as the parents. A copy of the student's grade card, as well as the prior year's grade card will be required at this time, as will any IEPs that the student has.
3. The respective principal will conduct an interview discussing the following points:
  - a. The applicant may be asked to take standardized placement tests or show testing scores from prior testing.
  - b. The applicant and/or his parents or guardian shall be fully informed of the stated purpose, philosophy and religious beliefs of the school.
  - c. The parents or guardians shall be informed of the policies of the school.
  - d. Parents or guardians shall be informed of the tuition costs and payment plans available.
4. No student will be admitted;
  - a. Who has serious academic, conduct, emotional, learning, or physical problems which interfere with participation in the regular academic program and for which our program is not equipped or staffed, unless parents are willing to bear the expense of all additional staff and services.
  - b. Whose parents or guardian are not willing to abide by the purpose, philosophy, objectives and policies of Gilead Christian School.
5. All applicants are considered for enrollment regardless of race, color or national origin. The Gilead Christian School admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. Furthermore, Gilead Christian School shall accept students from non-Christian families, providing the families are in agreement with the purposes and practices of the school. In addition, the school will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its educational programs, scholarships, loans, fees, tuition waivers, and athletics/extracurricular activities, nor in the hiring of faculty or administrative staff. The school is not intended to be an alternative to or court administrative agency ordered, or public school district initiated desegregation.
6. After review of the information from the interview and the enrollment application, a Gilead Christian staff member will contact you. The Administrator will make all final enrollment decisions.
7. Additional documents, along with a non-refundable enrollment fee and facility fee must be returned to the school office prior to the student's first day of attendance. Most enrollment documents can be obtained from the school website ([www.gileadchristianschool.org](http://www.gileadchristianschool.org)), however documents can also be obtained by contacting the North or South Campus school office. The Finance Office will issue a tuition agreement for your signature.
8. A student is not considered enrolled at Gilead Christian School until all paperwork has been submitted, a tuition payment plan has been established with the Finance Office, and the enrollment and facility fees are paid in full.

## **Additional Kindergarten Procedures:**

9. **Families participating in Gilead Christian School Kindergarten Screening will not be automatically enrolled.** New family enrollment forms will need to be completed.
10. **Families that had their child(ren) screened elsewhere** will need to provide a copy for the Principal to review. Additional testing may be needed. Once an interview and review of the screening has been completed, a Gilead Christian staff member will contact you. The Principal will make all final enrollment decisions.
11. **Any child(ren) entering Kindergarten with Gilead Christian School that has not had a Kindergarten Screening** will need to meet with the Principal to be tested. The Principal will make all final enrollment decisions.
12. Enrollment forms can be downloaded from the Gilead Christian School website ([www.gileadchristianschool.org](http://www.gileadchristianschool.org)) or by calling the North Campus office at 419-947-5739. (Please note, only one enrollment form per family is required. However, an emergency form for each child will be needed.) A tuition agreement will also need to be signed, and the enrollment and facility fees are to be paid in full.
13. **THE DEADLINE FOR KINDERGARTEN ENROLLMENT IS JUNE 10, 2016.**

Family Name: \_\_\_\_\_

**GILEAD CHRISTIAN SCHOOL**  
**New Family Enrollment Form**



*“But those who hope in the Lord will renew their strength. They will soar on wings like eagles,  
they will run and not grow weary, they will walk and not be faint.” - Isaiah 40:31*

**NORTH CAMPUS**

**Elementary School: Kindergarten-6<sup>th</sup> Grade**  
**220 South Main Street, Mt. Gilead, OH 43338**  
**Phone: 419.947.5739 FAX: 419.947.5010**

**SOUTH CAMPUS**

**Early Childhood/Preschool ~ Junior High/Senior High**  
**3613 TR 115, Mt. Gilead, OH 43338**  
**Phone: 419.946.5990 FAX: 419.946.1103**

**[www.gileadchristianschool.org](http://www.gileadchristianschool.org)**

# Family Information

## Parents (living with child)

Name(s): \_\_\_\_\_ Mr./Mrs./Ms./Miss/Dr. (circle)

E-mail address \_\_\_\_\_ Publish my number in the Family Calling List:  Yes  No

Home Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Employer \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Attending church regularly?  Yes  No Name of Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Church Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Do you/or your spouse have a personal relationship with Jesus Christ? \_\_\_\_\_

Person(s) responsible for payment of the tuition. \_\_\_\_\_

## Parents (not living with student)

Name: \_\_\_\_\_ Mr./Mrs./Ms./Miss/Dr.

Relationship to student (circle): mother/father/step-parent/legal guardian/other \_\_\_\_\_

E-mail address \_\_\_\_\_ Publish my number in the Family Calling List:  Yes  No

Home Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Receive school mailings: No \_\_\_\_\_ Yes \_\_\_\_\_ Permission to pick up student: No \_\_\_\_\_ Yes \_\_\_\_\_

Attending church regularly?  Yes  No Name of Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Church Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Divorced or Separated

- Please furnish a copy of legal documents and any other pertinent information to the office for the student's file.
- Are there any problems/situations we need to be aware of? Visitation specification, restraining order, custody arrangements, etc.
- If you have concerns or need for us to know additional information please call the office to set up a meeting.

# Student Information

List students attending: (Please list First Name, Middle Initial, Last Name)

Oldest: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ S.S. #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Birth date: \_\_\_\_\_

#2: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ S.S. #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Birth date: \_\_\_\_\_

#3: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ S.S. #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Birth date: \_\_\_\_\_

#4: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ S.S. #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Birth date: \_\_\_\_\_

#5: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ S.S. #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Birth date: \_\_\_\_\_

Student's race/Ethnic Category: White/Non-Hispanic \_\_\_\_\_ Black/Non-Hispanic \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islanders \_\_\_\_\_  
American Indian/Alaskan Native \_\_\_\_\_ \*Multi-racial \_\_\_\_\_ \*origins in two or more of the categories

School district student(s) live in: \_\_\_\_\_

Briefly state your reason for applying to GCS:

\_\_\_\_\_

Christian Environment     Academics     Special Needs     Recommendation by a friend     Other

Please describe the academic performance of each child (K-12 only): \_\_\_\_\_

\_\_\_\_\_

Have any of these children ever been on an IEP? \_\_\_\_\_ If so, when? \_\_\_\_\_ Date of last ETR? \_\_\_\_\_

Have any of these children had serious health, academic, conduct, emotional, developmental difficulties or areas of special needs such as handicaps? \_\_\_\_\_

Have the student(s) previously attended Gilead Christian School? \_\_\_\_\_

How often have the student(s) changed schools? \_\_\_\_\_

Have the student(s) even been \_\_\_\_\_ retained? \_\_\_\_\_ suspended? \_\_\_\_\_ expelled?

If so, why? \_\_\_\_\_

We (I) hereby give permission for our (my) child(ren) to participate in school-sponsored field trips. These may be distant and local and may be taken either by bus, car or on foot. I understand that all children will be properly seat belted. The children will be under supervision of GCS staff members and parents. We release Gilead Christian School staff members and parents from any/all liability that may be incurred as a result of these school-sponsored field trips.

\_\_\_\_\_  
(father)

\_\_\_\_\_  
(mother)

\_\_\_\_\_  
Date



## **Gilead Christian School Statement of Faith**

1. *We believe* the Bible to be the inspired, the only infallible, authoritative Word of God.
2. *We believe* that there is one God, eternally existent in three persons – Father, Son and Holy Ghost.
3. *We believe* in the deity of our Lord Jesus Christ – in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and His personal return in power and glory.
4. *We believe* that, for the salvation of the lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
5. *We believe* in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
6. *We believe* in the resurrection of both saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. *We believe* in the spiritual unity of believers in our Lord Jesus Christ.

*\*The statement of Faith of the National Association of Evangelicals.*

After reading our school's statement of faith, are you in agreement? \_\_\_\_\_ Why or why not? \_\_\_\_\_

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## **Gilead Christian School Mission Statement**

Gilead Christian School exists primarily to assist parents in fulfilling their divine responsibility to train thoroughly each child to obey God in every area of life. This is accomplished by providing programs of learning experiences to guide the individual student in understanding, appreciating, and relating to the truth of God as revealed in His Word, His world and in the Holy Spirit.

Academically, the school seeks to provide a learning program, which is flexible and comprehensive enough to offer the best education possible for each individual student.

Additional supportive programs include a nurturing daycare for children (newborn through 12<sup>th</sup> grade), a kindergarten preparatory preschool program, a competitive athletic program, and a fine arts and music program.

In the final analysis, it is the purpose of Gilead Christian School to help the student to grow as Jesus grew, *“In wisdom and in stature and in favor with God and Man.” Luke 2:52*

*January 2000*



## Statement of Parent Support

We recognize that, as parents, we are fully responsible for our child(ren). In placing our child(ren) in Gilead Christian School, we place him under the authority of the school and will support the goals and standards of the school. We agree to:

1. Pray for the ministry of the school, the staff and the children.
2. Support the school with your time and abilities as needed and available.
3. Support the school staff as it uses those reasonable and Biblical principles in determining the proper discipline measures for each child even to the extent that corporal punishment may in some cases be administered.
4. By our own conversation and attitude, encourage our child(ren) in positive attitudes toward the school.
5. Encourage our child(ren) in habits of promptness, neatness and cooperation.
6. Follow through on any work assignments or slips to be signed.
7. Send written excuses for absences.
8. Cooperate in training our child(ren) to respect school property and pay for irregular abuse of same.
9. Send our child(ren) to school dressed and groomed according to the dress policy.
10. Attend all parent functions.
11. Contact the school immediately concerning any problems. We will not discuss a school problem with friends, other parents, or church members until it has been dealt with through the proper channels, observing the Matthew 18 principle.
12. Meet all financial obligations required by the school and be ultimately responsible for payment of our child(ren)'s expenses even if an alternate party has made a commitment to pay them and failed to do so.

\_\_\_\_\_

Father's Signature

\_\_\_\_\_

Mother's Signature

\_\_\_\_\_

Date

The following is a statement of my faith in Jesus Christ:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Gilead Christian School recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its educational programs, scholarships/loans/fees and tuition waivers, and athletics/extracurricular activities, nor in the hiring of faculty or administrative staff. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered or public school district initiated desegregation.

**EMERGENCY INFORMATION 2016-17** (Please complete one form for each child enrolling.)



Email address \_\_\_\_\_ Grade \_\_\_\_\_

Student's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Home address \_\_\_\_\_ Birth date \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's name \_\_\_\_\_ Employer \_\_\_\_\_

Work phone \_\_\_\_\_ Cell/pager \_\_\_\_\_

Mother's name \_\_\_\_\_ Employer \_\_\_\_\_

Work phone \_\_\_\_\_ Cell/pager \_\_\_\_\_

**Name of persons authorized to pick up your child:**

1) \_\_\_\_\_ 2) \_\_\_\_\_

**Emergency contacts other than parents:**

1) \_\_\_\_\_ Phone \_\_\_\_\_

2) \_\_\_\_\_ Phone \_\_\_\_\_

3) \_\_\_\_\_ Phone \_\_\_\_\_

**Transportation/daycare plans before & after school:**

Mon. \_\_\_\_\_

Tues. \_\_\_\_\_

Wed. \_\_\_\_\_

Thurs. \_\_\_\_\_

Fri. \_\_\_\_\_

**\*\*If the above plans change, please inform the school office with a note immediately. If in question, the above schedule will be followed.**

I hereby grant permission for a doctor/dentist to administer emergency medical treatment if unable to contact a parent. I prefer:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

And to be taken to (hospital) \_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_

Allergies to food or medication \_\_\_\_\_ Chronic illness/Conditions \_\_\_\_\_

Medications currently taking \_\_\_\_\_

**Part I. Permission to Transport Child**

I give GCS staff/parents my permission to transport my child, \_\_\_\_\_ to \_\_\_\_\_. For emergency medical care or to \_\_\_\_\_ for emergency dental care, or to the nearest available source of assistance.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

**Part II. Refusal to Grant Permission to Transport Child**

I **do not give** GCS staff/parents my permission to transport my child \_\_\_\_\_ for emergency medical or dental care. In the event of an illness or injury which required emergency medical or dental treatment. I wish the child care facility to take the following actions:

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

GCS has permission to use photos/snapshots/video images of our child(ren) in Gilead Christian publications, including the school website, Facebook, and in a newspaper for press releases and other school advertising. Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## REQUEST FOR PUPIL RECORDS

We hereby request the records of \_\_\_\_\_ from  
(Student's Full Name)

\_\_\_\_\_  
(name & address of currently attended school)

The data requested should include:

_____ Transcript of Grades	_____ Health & Immunization
_____ Group Test Scores	_____ Psychological Report (if any)
_____ Multifactorial Evaluation (if any)	_____ Attendance Records
_____ I.E.P. and Special Services Report (if any)	_____ Other (specify)

The purpose of this request for data is: \_\_\_\_\_ School Enrollment  
\_\_\_\_\_ Other (specify)

Please fax or email the records to Gilead Christian School using the information below:

Attn: Pupil Records  
Email: [mandy.rich@gileadchristianschool.org](mailto:mandy.rich@gileadchristianschool.org)  
Fax: 419-946-1103  
Phone: 419-946-5990

The parent or adult signing this request, as required by Public Law 93-380, is guaranteed the right to inspect these records if they so desire.

I approve the above request.

\_\_\_\_\_  
(Signature of Parent of Guardian)

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of School Official)