

4619 Mackinaw Road ■ Saginaw, MI 48603-2197

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www.gcsdefenders.com

Application for Re-Enrollment

Studen	t				Grade Entering	
	F	IRST	MIDDLE	LAST		
Studen					Grade Entering	
	F	IRST	MIDDLE	LAST		
Studen					Grade Entering	
	F	IRST	MIDDLE	LAST		
Student					Grade Entering	
			MIDDLE	LAST		
The nar	me, home	address and	d phone numbers of parent(s) or guardian(s) with whon	1 the student lives:	
FATHER/GUARDIAN			CELL PHONE	MOTHER/GUARDIAN	CELL PHONE	
ADDRESS			CITY	/STATE/ZIP CODE	HOME PHONE	
Indicat	e your re	sponse to t	he following:			
☐ Yes	☐ No		dge our cooperation with GCS in encouraging our child(ren) to follow Christian teachings to estrate a spiritual growth, and to develop proper attitudes.			
☐ Yes	☐ No	We will up	'e will uphold the authority of the teachers, recognizing their right to use the disciplinary measures bey deem necessary as outlined in the Student Handbook(s).			
☐ Yes	☐ No	We are currently active in a Bible believing local church and will remain active throughout this school year. The name of the church we attend is:				
days afte	er the due	date. If tuitio			ied to all tuition payments received 10 ardians may be asked to withdraw their	
•	n) from GC erstand tha		peration with Grace Christian Sch	nool in maintaining the spiritu	al standards or the educational program	
			nt(s) will be considered grounds		an standards of the educational program	
SIGNATUR	RE OF FATHER	R/GUARDIAN	DATE	SIGNATURE OF MOTHER/GUA	ARDIAN DATE	
			PAYMENT OPTIONS	(Please check one payment option)		
	R GCS				nd Curriculum/Activity Fee paid in only is offered with this option).	
Received \$			☐ TWO PAYMENTS: Two (2) equal payments of the Tuition and Curriculum/Activity Fee paid before September 1st, and before January 1st.			
☐ Cash ☐ 10 EQUAL PAYMENTS: Tuition and Curriculum/Activity Fe paid in ten (10) equal monthly payments (August - May).						
For:	☐ 12 EQUAL PAYMENTS: Tuition & Curriculum/Activity Fee are added together and paid in twelve (12) equal monthly payments (June - May).					
	ollment Fe rriculum/A		CHOICE OF PAYMEN	T DUE DATE (Please check of	one payment option)	

☐ 1st of the Month — or — ☐ 15th of the Month