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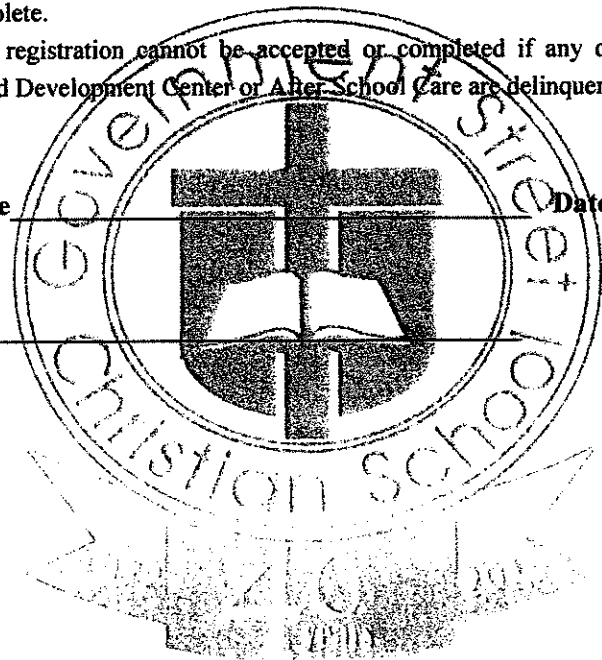
I assume all financial responsibility for my child/children's tuition and fees at Government Street Christian School and understand that:

1. Tuition is due on the 1st of each month, beginning in August and the final payment is due May 1st.
2. A \$30.00 late charge will be added to my account and delinquent after the 5th of the month.
3. Tuition and Late Fees not paid by the 10<sup>th</sup>, will result in the student not being allowed to attend until all late charges and fees are paid.
4. Any account more than 30 days overdue will be sent to a collection agency at the parent's/guardian's expense. If my account is referred to a collection agency, I agree to pay all fees charged by the collection agency in addition to the amount due on my account. At the present time, the collection fee is 33 1/3% of the balance owed. The collection fee percentage may change at any time.
5. There is a \$30.00 charge for returned checks. After the second check is returned, money orders, credit or debit cards, or cash will be required for payment.
6. Report cards will be held until all school accounts, fees and charges are current. This includes before and after school care if used. Access to the School Speak web site will also be denied.
7. Transcripts will not be forwarded to other schools following transfer or withdrawal from GSCS until all accounts in the School, Child Development Center and/or Before and After School Care are paid in full.
8. Any payment submitted for the school will first be used to pay any delinquent account in the Child Development Center, and/or Before and After School Care before being applied to the School Account.
9. Tuition and fees must be paid by check, credit/debit cards, money order or exact cash. If second check is returned, only a money order, credit/debit card or exact cash will be accepted.
10. It is my understanding that the policy for the school is to make no refunds on registration, supply, activity or building fees. Testing fees are also non-refundable.
11. Registration cancellation must be made no later than August 1, 2018. If I do not cancel by this time, I will be responsible to pay the first month's tuition.
12. I shall also abide by the disciplinary policies and regulations as set by the administration.
13. State law requires a current immunization form and birth certificate on file at Government Street Christian School for registration to be complete.
14. I understand that my registration cannot be accepted or completed if any of my accounts with Government Street Christian School, Child Development Center or After School Care are delinquent at the time of registration.

Custodial Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Name \_\_\_\_\_



# APPLICATION FOR ADMISSION



**Government Street Christian School**

3401 Government Boulevard,  
Mobile, Alabama 36693  
[www.governmentstreetchristian.com](http://www.governmentstreetchristian.com)  
Phone: 251-660-7444  
Fax: 251-660-1097

A Current Immunization Form and Birth Certificate must be on file at Government Street Christian School before registration is complete.

GOVERNMENT STREET CHRISTIAN SCHOOL Enrollment Form

3401 GOVERNMENT BLVD

MOBILE, AL 36693

251-660-7444

Date \_\_\_\_\_ 2018

Grade To Enter \_\_\_\_\_

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_

LAST FIRST MIDDLE

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Phone (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

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

Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Phone (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

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

Father's email \_\_\_\_\_

EMERGENCY CONTACTS AND/OR HAS PERMISSION TO PICK UP CHILD

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Previous school attended \_\_\_\_\_

Has student ever been dismissed, asked to withdraw, or suspended from any educational institution? If yes, what School? \_\_\_\_\_

Explain: \_\_\_\_\_

The following information will be helpful in determining the appropriateness of the GSCS curriculum.

- Has your child ever been retained? Yes \_\_\_ No \_\_\_
Has this student had any disciplinary difficulties? Yes \_\_\_ No \_\_\_
Has this student had any academic problems? Yes \_\_\_ No \_\_\_
Does your child have any physical handicaps? Yes \_\_\_ No \_\_\_
Has your child been diagnosed for learning disabilities? Yes \_\_\_ No \_\_\_
Has your child been diagnosed for Attention Deficit Disorder? Yes \_\_\_ No \_\_\_
Is your child currently on any type of medication? Yes \_\_\_ No \_\_\_

If you answered "yes" to any question above, please explain \_\_\_\_\_

List any pertinent information we might need to know \_\_\_\_\_

List any allergies \_\_\_\_\_

Church Attendance (Circle One): Regular Occasionally Never

Attend Sunday School (Circle One): Yes No

Church Family Attends: \_\_\_\_\_

Has student made profession of faith? Yes \_\_\_ No \_\_\_ Been Baptized? Yes \_\_\_ No \_\_\_

MEDICAL RELEASE

I understand that in the event of an emergency and the school is unable to contact me or the persons named above, without liability to the school, the doctor named herein or the doctor or emergency service most quickly available will be called. In the event hospitalization is considered necessary, the hospital most easily accessible will be used. I understand that every effort will be made to reach me or the above listed persons before this authority is used by the school.

Child's Doctor \_\_\_\_\_ Phone: \_\_\_\_\_ Chart Number \_\_\_\_\_

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

No medical treatment (other than first aid) will be administered without signature above.

Field Trip Release Form

My child has permission to attend field trips approved by Government Street Christian School. This release will be considered in effect until such time as this student is withdrawn from Government Street Christian School. I hereby release Government Street Christian School and staff, Government Street Baptist Church and staff, my child's teacher, and any driver of automobile and/or buses from liability which might result from an accident involving my child.

Verification of Information Statement

In filling out this application, I state that I have answered all questions accurately and honestly, to the best of my ability and knowledge. I have not withheld any information that might be helpful in educating my child. I understand that my child's records, academic and discipline, will be requested from previous schools. I understand that providing false or misleading information may result in my child being dismissed from Government Street Christian School.

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