

**KINGS GRANT ACADEMY & DAY SCHOOL**

873 Little Neck Road

Virginia Beach, Virginia 23452

(757-431-9744

**APPLICATION FOR ENROLLMENT**

**KINGS GRANT ACADEMY & DAY SCHOOL**

Name Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ likes to be called \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Sex \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Program applying for: ( ) Summer ( ) Fall ( ) Both

Grade applying for \_\_\_\_\_ Other Programs attending during school  
hours \_\_\_\_\_

Last school attended \_\_\_\_\_ Previous programs  
attended \_\_\_\_\_

Mailing address of  
school \_\_\_\_\_

Student grades have been ( ) Superior ( ) Average ( ) Below Average

Has student been retained in any grade? ( ) No ( ) Yes If so, what grade?

Has this student ever been suspended, expelled, or otherwise dismissed or severely disciplined in any other school?  
( ) No ( ) Yes If so, please  
specify \_\_\_\_\_

**CHURCH INFORMATION**

Church now attending: \_\_\_\_\_

Attendance ( ) Regular ( ) Occasional ( ) Never

If you do not have a home church or you are looking for a church may we give your information to  
King's Grant Baptist Church? ( ) No ( ) Yes

Does your child know Jesus Christ as his or her Lord and Savior ( ) No ( ) Yes

**GENERAL INFORMATION**

Reason for selecting Kings Grant Academy & Day School:

\_\_\_\_\_

How did you hear about Kings Grant Academy & Day School? ( ) individual - please identify

\_\_\_\_\_

( ) web site ( ) yellow pages ( ) newspaper ( ) internet ( ) other- please specify

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic Problems: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_ Home phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mother's Name \_\_\_\_\_ Home phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

With whom does this child reside \_\_\_\_\_

**Is there any one unauthorized to pick this child up?** ( ) No ( ) Yes If so, please specify

\*\*If

it is a parent that is unauthorized to pick this child up a court order must accompany this application. Court orders will be followed at all times.

**Emergency Contact: Must be someone other than custodial caregiver**

Name \_\_\_\_\_ Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ or \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip

Name \_\_\_\_\_ Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ or \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip

Persons authorized to pick up:

I have received and read the current parent/student handbook, and understand all policies of KGA&DS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement of Cooperation**

**FINANCES:** I understand that tuition must be paid on time. If tuition is not received by close Tuesday of the current week, a \$25.00 late charge will be added to the account. Any account outstanding two weeks after due date may result in suspending the student until payment is brought up to date. Suspension may result in your child forfeiting his or her spot in the class. A fee of \$35.00 will be charged for each returned check. I understand that I must pay by cash or money order after two returned checks. I further understand that I will be responsible for all attorney and court fees incurred by the school should the school have a need to take legal action for non-payment of tuition fees.

**REFUND POLICY:** I understand that there are no refunds on annual fees, book fees, or other additional fees. Tuition refunds will only be made on accounts paid in advance and when appropriate notice of withdrawal is given. Refund policy pertains to all students whether they withdraw or they are dismissed by the school.

**SCHOOL ACTIVITIES:** I give my permission for my child to take part in all school activities, including, Physical Education, sports, music, art, and school sponsored field trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child or myself at school or during any school activity. I understand that the parent/guardian is expected to carry insurance on their child.

**MEDICAL/EMERGENCY AUTHORIZATION:** In case of emergency, serious injury or illness, I give school permission to make whatever arrangements that seem necessary for my child's treatment. This permission includes but is not limited to; administering CPR and first aid, contacting the child's physician, calling 911, and transporting the child to the hospital and authorizing medical treatments as deemed necessary. I further

agree to pay all financial obligations incurred due to emergency or illness treatment for my child. I understand that the parent/guardian is expected to carry insurance on their child.

**DISCIPLINE:** I believe discipline is a necessary aspect of my child's education. I give permission for my child's teacher and or principal to make and enforce classroom regulations in a manner consistent with Christian principles and our student handbook. I understand that continued discipline problems will result in termination of the student.

**PARENTAL COMMITMENT:** I understand my child is accepted on general probationary status for the first semester. I agree that I will in no case complain to other parents, but will register only necessary complaints with the teacher on administration. I pledge my full cooperation to keep controversy out of the school. I understand that it is my responsibility to read the student handbook and agree to abide by its established policies.

**STATEMENT OF FAITH:** I understand King's Grant Academy & Day School believes the Bible to be the holy, inspired, infallible Word of God providing strict rules of faith and practice. We believe in one God, existing in three persons: the Father, Son and Holy Spirit. We believe in the divinity of Jesus Christ, his sinless life, sensational death, glorious resurrection, and imminent return. We believe salvation comes by faith alone and exist in the repentant heart, and absolute committal of one's self to Christ as Savior with purpose to love and obey His written Word. On earth, we are as I were, ambassadors for Jesus. Our command is to re-establish a testimony for God and His law in this nation and to equip our children to do likewise. We therefore, believe it is our duty to teach them to keep covenant (maintain fidelity in their allegiance) with God, as our forefathers did. We unapologetically believe in patriotism that promotes devotion to God and country.

**STATEMENT OF NONDISCRIMINATION:** King's Grant Academy & Day School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

**ILLNESS:** The school agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian agrees to have the child picked up within the hour as stated in our handbook. The parent/guardian further agrees that the student shall not return to school after illness, until their child is fever free, diarrhea free, and vomit free for 24 hours (without medication).

**REPORTING DISEASE:** The parent/guardian agrees to inform the school within 24 hours or the next business day after his/her child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except of life threatening disease which must be reported immediately.

**AGREEMENT:** I hereby certify, I have read this Statement of Cooperation and I agree to abide by the stated policies. I further certify that I have been given a parent/student handbook, tuition/fee rates, and I understand it is my responsibility to read the handbook and to abide by the stated policies. I further understand that tuition rates are subject to change.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrato/Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Entry Date \_\_\_/\_\_\_/\_\_\_

Exit Date \_\_\_/\_\_\_/\_\_\_

Proof of Identy

Place of Birth \_\_\_\_\_

Birth Date \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Other Form of Poof \_\_\_\_\_ Date Viewed \_\_\_\_\_

Person viewing document \_\_\_\_\_

**Acceptable forms of Identity:**

Birth Certificate

Hospital notification of birth

Birth registration card

Passport

Updated \_\_\_\_\_

Updated \_\_\_\_\_

Updated \_\_\_\_\_

Updated \_\_\_\_\_

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