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Application for Concurrent Enrollment

Date: _____

PERSONAL INFORMATION

Student's Name: _____ Grade: _____
Present Age: _____ Date of Birth: ____/____/____ Sex: _____ (M/F)
Street Address: _____
City: _____ State: _____ Zip: _____ Phone: (____) ____-____

FAMILY INFORMATION

Father's Name: _____	Mother's Name: _____
Occupation: _____	Occupation: _____
Cell Phone: (____) ____-____	Cell Phone: (____) ____-____
Marital Status: _____	Marital Status: _____
Email: _____	Email: _____

SCHOOL INFORMATION

Name of Other School: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) ____-____

ADMIN. USE ONLY:

File _____	Answer Key links: _____
Enrollment Card _____	Paces _____
Gmail Contact List _____	Square _____

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CLASS INFORMATION

Class to be taken: _____

Reason for taking class: _____

EDUCATIONAL INFORMATION

Does your child have a learning disability? (Y/N)

Has your child received psychological counseling or testing? (Y/N)

Has your child experienced any physical, emotional, or social problems within the past two years? (Y/N)

If any of the above are answered “Yes”, please explain on a separate sheet of paper.

FINANCIAL

Application- \$100 per student per year

Tuition – \$100.00 per student per course (for 1 semester and 1 year)

Paces — \$35 per semester course or \$70 per year course

Testing Fees (if applicable) — \$15/test or \$180 per year course

SIGNATURE

By signing this application for enrollment we:

- Agree to complete our financial obligation to Grace Christian School.
- Commit to Christian binding arbitration for any irresolvable conflicts.
- Understand that every school district sets its own standards. They may or may not accept Grace Christian School's grades or credits as we are not accredited.
- Take responsibility for the education of our children by returning grades and written work as required in the school handbook.

Father's/Guardian's Signature: _____ Date: _____

Mother's/Guardian's Signature: _____ Date: _____