

GRANDE RONDE ACADEMY

Registration Check List

Steps to enroll your child at Grande Ronde Academy:

1. Read through the Parent-Student Handbook.
 2. Complete the Registration Form.
 3. Complete and sign the Parental Agreement.
 4. Complete and sign the Prescription and/or Non-Prescription Medication Consent Forms.
 5. Complete and sign the Transfer of Records Form if your child is transferring to Grande Ronde Academy from another school.
 6. Attach a copy of your child's birth certificate and updated Immunization Record.
- If you are in need of tuition assistance, please contact GRA to get more information regarding FACTS tuition assistance.

I have enclosed:

- Family Application
- Non-refundable Registration Fees
- Parental Agreement Form
- Copy of Updated Immunization Record
- Transfer of Records Forms (new students)
- Copy of Child's Birth Certificate (new students)

Mail or Drop to: Grande Ronde Academy
507 B Palmer Ave
La Grande, OR 97850

Revised 2/2011



GRANDE RONDE

ACADEMY

Application Fees:

\$150.00 per family Administrative Fee
 \$100.00 per student Returning Families
 \$150.00 per student New Families

For office use:

- Date received _____
- Application Fees Received
- Entered in FACTS/Bookkeeping
- Filed in student file

FAMILY APPLICATION FOR ADMISSION

We welcome you to the admissions process of Grande Ronde Academy. Only one family application is required per family. Please return this completed application to the office along with a new student application and the non-refundable application fee for each student. In addition to these applications, an interview with both parents and student, and testing of the student will be required. Our goal is to bring together a cohesive student body which can best grow spiritually, socially, and intellectually. Each applicant's academic potential, scholastic motivation, moral character, and extra-curricular interests will be taken into consideration.

<i>Students</i>	First Child: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> LAST FIRST MIDDLE NAME USED </div> Current grade: _____ Applying for: grade _____ beginning _____ (year) Age on Sept. 1 of beginning year: _____ years _____ months <input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth: ____/____/____
	Second Child: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> LAST FIRST MIDDLE NAME USED </div> Current grade: _____ Applying for: grade _____ beginning _____ (year) Age on Sept. 1 of beginning year: _____ years _____ months <input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth: ____/____/____
	Third Child: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> LAST FIRST MIDDLE NAME USED </div> Current grade: _____ Applying for: grade _____ beginning _____ (year) Age on Sept. 1 of beginning year: _____ years _____ months <input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth: ____/____/____
<i>Current School</i>	School applicant is attending or last attended: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> NAME SCHOOL DISTRICT </div> <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> ADDRESS CITY STATE ZIP CODE PHONE </div> Teacher/counselor reference: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> NAME PHONE </div>

	Applicant lives with: <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparents (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Other _____ Name of custodial parent(s) (if applicable) _____																				
Contacts	Name of relatives or friends, if any, currently or previously at Grande Ronde Academy: <input type="checkbox"/> Relative <input type="checkbox"/> Friend: _____ <input type="checkbox"/> Relative <input type="checkbox"/> Friend: _____																				
Church	Family's church: _____ Address: _____ Pastor's name: _____ Phone: _____	Check all that apply: <input type="checkbox"/> Applicant attends church regularly <input type="checkbox"/> Applicant attends youth group <input type="checkbox"/> Applicant attends Sunday school <input type="checkbox"/> Parents attend church regularly <input type="checkbox"/> Other _____																			
Other Family	Please list names of all children in the family: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">NAME</td> <td style="width:20%; border-bottom: 1px solid black;">AGE</td> <td style="width:30%; border-bottom: 1px solid black;">SCHOOL ATTENDING</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NAME</td> <td style="border-bottom: 1px solid black;">AGE</td> <td style="border-bottom: 1px solid black;">SCHOOL ATTENDING</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NAME</td> <td style="border-bottom: 1px solid black;">AGE</td> <td style="border-bottom: 1px solid black;">SCHOOL ATTENDING</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NAME</td> <td style="border-bottom: 1px solid black;">AGE</td> <td style="border-bottom: 1px solid black;">SCHOOL ATTENDING</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NAME</td> <td style="border-bottom: 1px solid black;">AGE</td> <td style="border-bottom: 1px solid black;">SCHOOL ATTENDING</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NAME</td> <td style="border-bottom: 1px solid black;">AGE</td> <td style="border-bottom: 1px solid black;">SCHOOL ATTENDING</td> </tr> </table> Do you plan to enroll any of the above in Grande Ronde Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			NAME	AGE	SCHOOL ATTENDING	NAME	AGE	SCHOOL ATTENDING	NAME	AGE	SCHOOL ATTENDING	NAME	AGE	SCHOOL ATTENDING	NAME	AGE	SCHOOL ATTENDING	NAME	AGE	SCHOOL ATTENDING
NAME	AGE	SCHOOL ATTENDING																			
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NAME	AGE	SCHOOL ATTENDING																			
References	List individuals who know you and your family (pastors, church friends, or a GRA family). Do not list relatives. Name: _____ Relationship: _____ Address: _____ Phone: _____ Name: _____ Relationship: _____ Address: _____ Phone: _____																				
Miscellaneous	How did you first learn about Grande Ronde Academy? (Please circle) Telephone book Parents of GRA student Student(s) currently enrolled Newspaper or magazine Minister Internet Catalog on private schools Radio Other : _____ What two factors most influenced you to apply (circle only two)? Academic reputation Christian philosophy Curriculum of Excellence Classroom visit Displeasure with the public schools Location Recommendations of GRA families Strength of extra-curricular programs (i.e., athletics, arts, music) Other _____																				



PHOTOGRAPHY/WEBSITE RELEASE

(Please check all that apply)

I give my permission to Grande Ronde Academy to use my child’s photograph in publications to promote the school.

1st Child Name

2nd Child Name

3rd Child Name

SIGNATURE OF PARENT

DATE

I give my permission for Grande Ronde Academy to use my child’s photograph on the GRA website.

1st Child Name

2nd Child Name

3rd Child Name

SIGNATURE OF PARENT

DATE

PERMISSION TO PARTICIPATE IN FIELD TRIPS

I give my permission for my child to participate in field trips at Grande Ronde Academy.

1st Child Name

2nd Child Name

3rd Child Name

SIGNATURE OF PARENT

DATE

MEDICATION DISBURSEMENT RELEASE

I consent to GRA giving my child Tylenol (160/mg).

I consent to GRA giving my child Cough Drops (generic brand).

I consent to GRA giving my child Tums or generic brand.

1st Child Name

2nd Child Name

3RD Child Name

SIGNATURE OF PARENT

DATE

Doctor’s Information:

LAST

FIRST

PHONE NUMBER

Grande Ronde Academy

Christ-Centered ~ Academic Excellence ~ Character building

507 B Palmer Ave, La Grande, OR 97850, 975-1147, gracademy@frontier.com

OFFICE COPY

2011-2012 Parental Agreement

Student's Name: _____ Grade: _____

Second Student's Name: _____ Grade: _____

Third Student's Name: _____ Grade: _____

1. **Parental Philosophy:** We understand the mission, philosophy, core values, and general Statement of Faith that Grande Ronde Academy operates under. By signing this parental agreement, we agree to read the handbook and commit to support and cooperate with the school and at home to fulfill the philosophy, standards, and expectations set by the school.
2. **Parental Involvement:** We understand that the philosophy of the school cannot be fulfilled without parental involvement. Involvement includes: participation in fundraising activities, attendance at school functions and parent meetings, support of the homework policy, reading the information sent home from the school, and communication with our child's teacher(s). We agree to bring and pick up our child on time according to the school schedule. We will encourage, support and help our child with homework, memorization, projects, and good study habits.
3. **Family Service Hours:** We agree to commit to a minimum of 15 service hours during the school year. Service hours may include: classroom help, field trips, bake sales, hot lunch help, Parent Involvement Program teams, participating in fundraising activities, or any activity that helps the teachers or school and enhances the quality of education at GRA.
4. **Discipline and conduct:** We believe that discipline is necessary for the benefit of each student, as well as, the entire school; we give permission to the teachers and administration to make and enforce school regulations in accordance with applicable Oregon State Laws and in a manner consistent with Christian principles and discipline as set forth in the Scriptures (Proverbs 13:24,22:6,29:15&17; Colossians 3:20; Hebrews 12:6). We further agree that we will cooperate and discipline our child in the home as needed and will require our child to comply with all school regulations. We understand that a child who persists in unacceptable conduct will not be permitted to remain in school. We further agree to require our child to show respect for those in authority over them in school.
5. **Damages:** We will pay for any damages caused by our child to school property or damaged/missing books.
6. **Activities:** We give permission for our child to take part in all school activities, including school-sponsored trips away from school premises.
7. **Liability:** We release Grande Ronde Academy from all liability, except negligence, while our child is under school care and responsibility.
8. **Grievance:** We pledge our loyalty to the aims and ideals of the school and will bring any and all questions and concerns directly to the teacher (if a classroom issue) or administration (and refrain from gossiping to those who cannot solve the problem) so that they may be properly considered by those in authority. We will endeavor to communicate any grievances honestly and directly to those involved following the principles in Matthew 18:15-17.
9. **School Health Policy:** We understand that in the event our child becomes ill or sustains an injury which is of an emergency nature while in care of Grande Ronde Academy, 911 will be called and the child transported to the hospital for care. If the illness or injury is of a less serious nature GRA personnel will evaluate, treat if necessary (example: cleansing a wound), and notify the parent. NO medications will be given without written permission from the parents. We understand that all medication brought to the school must be in the original labeled container. If prescription medication is to be administered by GRA personnel, a form will need to be filled out and signed by the parent and doctor. We give permission for GRA staff to administer first aid or CPR as deemed necessary.
10. **Financial Agreement:** We agree to fulfill all financial obligations in a prompt and responsible manner. We understand that tuition payments are a commitment between the school and the family. Payments are due by the 1st of each month beginning with the first month of your payment plan. We understand that report cards will be withheld unless financial obligations have been met in full. **Non-refundable/non-transferable fees:** We also understand that registration fees are non-refundable and non-transferable.
11. **Family Information Release:** We understand that our names and contact information have been added into the school's database and we may receive school publications, emails, as well as, information (letters, phone calls, etc.) regarding financial needs of GRA. We also understand that the names, addresses, and phone numbers of grandparents listed will be added to the same database. If we would like the names of our children's grandparents removed from this list, we may contact the school office.
12. **We as parents of the student applicant, do sincerely give our pledge to the above items.** We understand that failure of the parents or child to comply with the established regulations and discipline, parental commitment, or failure to meet financial obligations will forfeit the student's privilege and standing.

Signature of Father/Stepfather/Guardian Date

Signature of Mother/Stepmother/Guardian Date

Revised 11/5/09

MEDICAL RELEASE

Hospitals may be reluctant to treat or care for children without consent from parents or guardians. This can cause delay in treatment if there is a medical emergency when parents or guardians are not available to give consent. In case of emergency, this form will be taken with the child(ren) listed on the first page to the hospital.

I, _____, the natural parent/legal guardian of (list all children) _____, authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being, after Grande Ronde Academy has made every effort to contact me.

Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results and possible alternatives, and the risks, complications and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment.

SIGNATURE OF FATHER / GUARDIAN

DATE

SIGNATURE OF MOTHER / GUARDIAN

DATE

HEALTH HISTORY

Please check the illnesses below that your child(ren) has/have experienced:

CHILD'S NAME	CHILD'S NAME	CHILD'S NAME
_____	_____	_____
<input type="checkbox"/> Blood disease	<input type="checkbox"/> Blood disease	<input type="checkbox"/> Blood disease
<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> German Measles (Rubella)	<input type="checkbox"/> German Measles (Rubella)	<input type="checkbox"/> German Measles (Rubella)
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Heart disease
<input type="checkbox"/> Ear infection	<input type="checkbox"/> Ear infection	<input type="checkbox"/> Ear infection
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Kidney disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Mumps	<input type="checkbox"/> Mumps	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Hard Measles (Rubella)	<input type="checkbox"/> Hard Measles (Rubella)	<input type="checkbox"/> Hard Measles (Rubella)
<input type="checkbox"/> Other (Please explain)	<input type="checkbox"/> Other (Please explain)	<input type="checkbox"/> Other (Please explain)

Is/Are your child(ren) taking any medication regularly? Please explain:

Does/Do your child(ren) have hearing or vision problems? Please explain:

Has/Have your child(ren) had any physical problems, surgeries, disabilities, asthma, hay fever, or other serious illnesses not listed above? Please explain:

Does/Do your child(ren) have a serious allergy to certain foods or insect bites?

Does/Do your child(ren) have a severe reaction to medicine, prescription drugs or antibiotics?



GRANDPARENT INFORMATION

List grandparents who would like to be informed about what is happening at Grande Ronde Academy.

LAST FIRST

ADDRESS

CITY STATE ZIP

HOME PHONE EMAIL ADDRESS

LAST FIRST

ADDRESS

CITY STATE ZIP

HOME PHONE EMAIL ADDRESS

LAST FIRST

ADDRESS

CITY STATE ZIP

HOME PHONE EMAIL ADDRESS

LAST FIRST

ADDRESS

CITY STATE ZIP

HOME PHONE EMAIL ADDRESS

OTHER FAMILY AND FRIENDS INFORMATION

List family and friends who you think might be interested in events at Grande Ronde Academy.

LAST FIRST

ADDRESS

CITY STATE ZIP

HOME PHONE EMAIL ADDRESS

RELATIONSHIP TO THE STUDENT

LAST FIRST

ADDRESS

CITY STATE ZIP

HOME PHONE EMAIL ADDRESS

RELATIONSHIP TO THE STUDENT

STEPS TO *NEW* STUDENT ADMISSION

2011-2012

Read through the materials and booklets provided with your application packet and note any questions you have. These materials will provide the basis for the discussion in the parent interview (see below). Call the Admissions Office and make an appointment for a campus visit.

Complete the application and return it to the Admissions Office. Applicants will be considered as space is available. Submit the application with the following:

- \$150.00 application fee (non-refundable)

- Copy of special testing for reading or learning difficulties (if applicable)

- Copy of past standardized achievement testing (if applicable to grade level) (ISAT, Iowa Test of Basic Skills, etc.)

- Copy of most recent report card

After receipt of a completed application and all items in #2 above, the office will call to arrange admission testing date (s) and admission interview date. Both parents and guardians must be interviewed by the administration.

Following the interview, the administration will make a decision on the applicant. Notifications of decisions about applications received will be mailed in late May. For late applications, parents will be notified by letter as soon as possible. An enrollment agreement will be included with an acceptance letter. The enrollment agreement must be returned within 10 days, along with the administrative fee. If acceptance is granted after June 30, then tuition is also due according to the payment schedule.

If acceptance is granted, the office will provide parents with various enrollment and medical forms that must be completed prior to the first day of school.

The first tuition payment is due on July 1 for the 10 month payment plan and June 1 for the 12 month payment plan. Or, for a 3% discount full-pay by August 1. Please see payment plan options on the attached sheet.

