

GALT CHRISTIAN SCHOOL  
801 CHURCH STREET  
GALT, CA 95632  
209-745-3316

APPLICATION FOR ADMISSION

Student's Name \_\_\_\_\_  
Last First Middle  
Telephone \_\_\_\_\_ Male or Female \_\_\_\_\_  
Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Enrollment for Grade \_\_\_\_\_ Beginning \_\_\_\_\_  
Month Year  
School Last Attended \_\_\_\_\_  
Address of School \_\_\_\_\_  
Street / P.O. Box City, State Zip

Father, Stepfather, Guardian (Circle One) Birthplace City, State  
Does he profess faith in Christ? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mother, Stepmother, Guardian (Circle One) Birthplace City, State  
Does she profess faith in Christ? \_\_\_\_\_ Yes \_\_\_\_\_ No

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_

Please Indicate if Applicable:  
Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Names of Brothers & Sisters Date of Birth School Now Attending  
\_\_\_\_\_  
\_\_\_\_\_

Others living at home; i.e. Grandmother, Uncle, etc. \_\_\_\_\_

Referred by: \_\_\_\_\_

State briefly your reason for wanting your child in a Christian School

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Does the student understand the plan of salvation? \_\_\_\_\_

Does he / she profess faith in Christ? \_\_\_\_\_

Has the student ever:

Repeated a grade or failed a course? ( ) Yes ( ) No

Been suspended or expelled from school? ( ) Yes ( ) No

Had any problems or involvement with smoking, drinking, or drugs? ( ) Yes ( ) No

Had any physical, emotional, or other problem that may affect his attendance or ability to succeed in school? ( ) Yes ( ) No

If "yes" to any of the above, please explain: \_\_\_\_\_

Please list any serious learning difficulties : \_\_\_\_\_

Please list any known allergies (medications, bee stings, food, etc.) : \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Does Family Regularly Attend? \_\_\_\_\_

**In Making this Application, I Understand That:**

1. Discipline is an important aspect of education, and I have read the school handbook and understand and accept the position of discipline the school has taken.
2. The grade placement of the student is the responsibility of the school.
3. My cooperation is expected in: regular tuition payment, recommended practical help, faithful prayer, and homework.
4. The school is dependent upon the involvement of parents for the success of the school. Our desire and goal is to get each family involved in various school programs for a minimum of two (2) hours a month that school is in session.
5. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the education process
6. The school has permission for our child or children to go on field trips and other school activities that require travel.
7. The school has permission to take appropriate measures for emergency treatment if we cannot be reached.

Galt Christian School admits students of any race, color, and national or ethnic origin. They are entitled to all the rights, privileges, programs, and activities provided by the school.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date