



# Application for Enrollment

Greater Portland Christian School  
 1338 Broadway, South Portland, ME 04106  
 207-767-5123

## General Info

Date of Application \_\_\_\_\_ for the school term beginning \_\_\_\_\_

Student \_\_\_\_\_ for Grade \_\_\_\_\_ age \_\_\_\_\_ birth date \_\_\_\_\_

Student \_\_\_\_\_ for Grade \_\_\_\_\_ age \_\_\_\_\_ birth date \_\_\_\_\_

Student \_\_\_\_\_ for Grade \_\_\_\_\_ age \_\_\_\_\_ birth date \_\_\_\_\_

Student \_\_\_\_\_ for Grade \_\_\_\_\_ age \_\_\_\_\_ birth date \_\_\_\_\_

Student \_\_\_\_\_ for Grade \_\_\_\_\_ age \_\_\_\_\_ birth date \_\_\_\_\_

Student \_\_\_\_\_ for Grade \_\_\_\_\_ age \_\_\_\_\_ birth date \_\_\_\_\_

√ only if changed

<input type="checkbox"/>	Father's Name		
<input type="checkbox"/>	Street Address		
<input type="checkbox"/>	City ST Zip		
<input type="checkbox"/>	Home Phone	Work Phone	Cell
<input type="checkbox"/>	Employer		
<input type="checkbox"/>	Title/Position		
<input type="checkbox"/>	Check any that apply <input type="checkbox"/> widowed <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> remarried		
<input type="checkbox"/>	Church Affiliation		
<input type="checkbox"/>	Pastor		
<input type="checkbox"/>	Address		
<input type="checkbox"/>	Member? <input type="checkbox"/> yes <input type="checkbox"/> no How long?		
<input type="checkbox"/>	Do you regularly attend services? <input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/>	Have you trusted Jesus Christ as your personal Savior and Lord? <input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/>	Do you regularly read the Bible and pray as a family? <input type="checkbox"/> yes <input type="checkbox"/> no		

√ only if changed

<input type="checkbox"/>	Mother's Name		
<input type="checkbox"/>	Street Address		
<input type="checkbox"/>	City ST Zip		
<input type="checkbox"/>	Home Phone	Work Phone	Cell
<input type="checkbox"/>	Employer		
<input type="checkbox"/>	Title/Position		
<input type="checkbox"/>	Check any that apply <input type="checkbox"/> widowed <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> remarried		
<input type="checkbox"/>	Church Affiliation		
<input type="checkbox"/>	Pastor		
<input type="checkbox"/>	Address		
<input type="checkbox"/>	Member? <input type="checkbox"/> yes <input type="checkbox"/> no How long?		
<input type="checkbox"/>	Do you regularly attend services? <input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/>	Have you trusted Jesus Christ as your personal Savior and Lord? <input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/>	Do you regularly read the Bible and pray as a family? <input type="checkbox"/> yes <input type="checkbox"/> no		

## Custody

If the student's parents are divorced or separated, who has legal custody of the student(s)? \_\_\_\_\_

**Church Affiliation**

Student's Church \_\_\_\_\_  
Member?  yes  no. Attendance?  weekly  frequently  infrequently

**Other Family**

If there are other children in your family, please list them below:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**More Information**

Where did you hear about GPCS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email Consent**

Many of our school families communicate via email. Every school year, we publish an email directory. Please give us your email(s) if you would like to be included in this directory.

Name \_\_\_\_\_ Email \_\_\_\_\_

**Additional forms maybe required to complete this application process.**

**GPCS Mission Statement**

Greater Portland Christian School provides a distinctively Christian education which complements the home and church, brings Biblical perspective to every subject, and helps parents prepare their children for a God-glorifying life.

**Disclaimer**

Greater Portland Christian School does not discriminate in any of its programs on the basis of gender, race, color, or country of national origin.

**School History**

1. Please list any school's the student previously attended. \_\_\_\_\_

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2. If the student has ever been suspended or expelled from school, repeated a grade, or been in difficulty with civil authorities, please explain. \_\_\_\_\_

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3. If the student is withdrawing from his/her present school, please explain. \_\_\_\_\_

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4. Do you intend for the student to graduate from GPCS? \_\_\_\_\_

5. Please describe the student's special abilities and talents. \_\_\_\_\_

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6. Are there any relevant medical/physical handicaps? \_\_\_\_\_

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7. Has the student received any special education services (resource room, tutoring, remedial work)? \_\_\_\_\_

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8. If applying for Grades 7-12, please provide contact information for the student's last English teacher.

Teacher \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

9. For students in Grade 7-12, please list the student's completed courses

English

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mathematics

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Science

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Studies/History

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Languages

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fine Arts

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student completed a Health course? \_\_\_\_\_

\_\_\_\_\_

Has the student completed a Computer course? \_\_\_\_\_

\_\_\_\_\_



## Record Release Form

My signature below indicates that I approve the release of academic, medical, confidential, and any and all PET records from my child's previous school.

Name of School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Grade \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please Mail to:

Greater Portland Christian School  
1338 Broadway  
South Portland, ME 04106  
207-767-5123



# Parental Permission Form and Hold Harmless Agreement

We/I, \_\_\_\_\_  
parent(s)/legal guardian(s)

residing in \_\_\_\_\_ City \_\_\_\_\_ Maine, are the parent(s)/legal guardian(s) of:

- 1. \_\_\_\_\_ Grade \_\_\_\_\_
- 2. \_\_\_\_\_ Grade \_\_\_\_\_
- 3. \_\_\_\_\_ Grade \_\_\_\_\_
- 4. \_\_\_\_\_ Grade \_\_\_\_\_
- 5. \_\_\_\_\_ Grade \_\_\_\_\_
- 6. \_\_\_\_\_ Grade \_\_\_\_\_

hereby give permission for our child/children to participate in activities by the Great Portland Christian School of South Portland, Maine.

In consideration of the school's allowing our child to participate in activities, we hereby agree to hold the school, its employees, and any parents, chaperones, or other volunteers associated with the sponsoring or conducting of these activities (hereafter collectively referred to as "the Organizers") harmless from any personal liability to us, our child/children or to any person or entity, and hereby waive and/or release all claims that we now have or that we may have in the future, arising out of that activity (including travel to and from the activity) as a result of personal injury or death resulting to our child/children. However, we do not release the Organizers or agree to hold them harmless from any claims that we may have against them in the extent of any liability insurance coverage they may have. We specifically agree to hold the Organizers harmless and release the organizers from any personal liability for all injuries or damages caused by their negligence; but do not agree to hold the Organizers harmless or release them from any claims arising out of any intentional wrongs committed by the Organizers.

*We certify that we have read this permission form and hold harmless agreement, that we understand all of the provisions of this agreement, and that we sign this agreement at our own free act and deed.*

Parent/Legal Guardian Signature _____	Date _____
Parent/Legal Guardian Signature _____	Date _____



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# Parental Permission Form for Approved People for Transportation Pick-Up

## **Your Child/Children**

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

## **Your Approved People** *(Must be 18 years or older)*

1. Approved Adult \_\_\_\_\_ Phone \_\_\_\_\_  
2. Approved Adult \_\_\_\_\_ Phone \_\_\_\_\_  
3. Approved Adult \_\_\_\_\_ Phone \_\_\_\_\_  
4. Approved Adult \_\_\_\_\_ Phone \_\_\_\_\_

## **Your Signature(s) & Phone**

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Parent/Legal Guardian Signature _____	Date _____
Parent/Legal Guardian Signature _____	Date _____
Phone(s) _____	

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## Photo Permission Form

I grant permission to Greater Portland Christian School to use pictures or video of any of our family for school purposes including web page design and advertising. I also grant permission for the use of names to associate the pictures or video. I understand that only those images that reflect the Christian experience at GPCS will be used.

### Family Members Covered (Please print)

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Signature: \_\_\_\_\_

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



## Parents' Statement of Agreements

1. GPCS reserves the right to refuse any application at any time, if it should decide that the applicant could not succeed in the program and make a positive contribution to the school. GPCS further reserves the right to dismiss any student whose work is unacceptable or whose conduct does not meet GPCS standards.
2. Teachers have full discretion in the classroom discipline of my child/children. The administration has full discretion in determining the proper grade level for my child.
3. My child/children have permission to go on all field trips for the current school year.
4. Our support, to the best of my/our ability, will be given in making regular tuition payments and in faithful prayer, practical help, and special donations.
5. I/We agree to support the spiritual, academic, moral, dress, and discipline standards of GPCS, as set forth in policy by the Director and the *Parents' Handbook*.
6. The basis of the GPCS Association is the teaching of the Bible that man was made in the image of God to be a steward of his creation, and that parents are responsible to train their children to know and serve God. The basis rests further on the belief that such training can most effectively be carried on in a school where every area of knowledge is related to God (e.g., science is recognized as the investigation and use of God's eternal purpose; the arts are viewed as reflections of God's creatures).

*The theological basis which unites the members of this Association and binds the teachers of this school includes the following truths of Scripture. My signature indicates I have read the Basis and Statement of Faith and am willing to have my child trained in accordance with them.*

### **Statement of Faith**

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, His sinless life, His miracles, and His vicarious and atoning death through His shed blood, in His bodily resurrection, His ascension to the right hand of the Father, and His personal return in power and glory.
- We believe that for salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
- We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of the damned.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

*My signature indicates that I have read and accepted the above agreements on this page.*

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Prospective Student Questionnaire

1. Name the school your child now attends. \_\_\_\_\_  
\_\_\_\_\_
2. Provide the teacher's name and grade level \_\_\_\_\_  
\_\_\_\_\_
3. Does your child attend any special educational services (Chapter I for reading or math)? \_\_\_\_\_
4. Has your child ever attended any special services, even if he/she does not attend now? If so, what were those services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Does your child have any learning disabilities? If so, in what area? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Does your child have any medical problems which could interfere with his/her schooling? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Has your child ever been tested for ADD (Attention Deficient Disorder)? If so, what were the results? \_\_\_\_\_  
\_\_\_\_\_
8. Has your child ever been tested for the gifted and talented program? If so, when, where, and what were the results? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Has your child ever been home schooled? If so, how long? And what material was used for reading and math? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. What do you feel are your child's strengths? \_\_\_\_\_  
\_\_\_\_\_
11. What do you feel are your child's weaknesses? \_\_\_\_\_  
\_\_\_\_\_
12. What are your reasons for enrolling your child in GPCS? \_\_\_\_\_  
\_\_\_\_\_



## Tuition Policy 2011-2012 School Year

Greater Portland Christian School  
 1338 Broadway, South Portland, ME 04106  
 207-767-5123

### **Re-enrollment Registration**

The registration fee of \$100 (\$30 for Pre K) is applicable to each child in the family, including those with tuition aid or tuition credit. It must be enclosed with the re-enrollment forms. After June 1, the registration fee for re-enrollment increases to \$125 per child. These fees are non-refundable.

### **New Enrollment Registration**

A screening fee of \$20 (\$30 for Kindergarten) must be enclosed with each application before it can be processed. Upon written or verbal notification of acceptance, the registration fee of \$100 must be paid before classroom space can be reserved. Screening fees are non-refundable. Registration fees are nonrefundable unless GPCS does not accept a student.

### **Other Fees**

For re-enrollment, fees are due by July 1st. For new enrollment, fees must be paid within 30 days of registration or by August 25, whichever is earlier. All fees are non-refundable and subject to change without notice.

Curriculum Fee	(K-12)	\$160 per child
Activity Fee	(K-5)	\$35 per child
	(6-12)	\$50 per child

**Tuition** (for multiple children, see the Family Tuition Plan on the next page)

	First Child	Second Child	Third Child	Add'l Child
Pre-Kindergarten (3 yr) Half Day	\$1,440	\$1,368	\$1,296	\$1,080
Pre-Kindergarten (3yr) Extended	\$1,670	\$1,587	\$1,503	\$1,253
Pre-Kindergarten (4 yr) Half Day	\$2,060	\$1,957	\$1,854	\$1,545
Pre-Kindergarten (4 yr) Extended	\$2,500	\$2,375	\$2,250	\$1,875
Kindergarten – Grade 5	\$3,900	\$3,705	\$3,510	\$2,925
Grades 6-12	\$4,200	\$3,990	\$3,780	\$3,150

- Tuition may be paid in advance <or> in ten consecutive monthly installments, which are due on the 10th of each month, beginning August 10th and ending May 10th. A late fee of \$15.00 will be charged to accounts not paid by the 10th.
- Unpaid tuition at the end of a semester, student(s) will not be allowed to attend the following semester until overdue balance is paid-in-full.
- Students will not be permitted to begin a new school year if a balance is showing for any previous school year.
- Students who leave the school for any reason will be charged tuition on a pro-rata basis.

### ***Family Tuition Plan***

- 1st child (highest grade) – Regular tuition of that grade
- 2nd child (next highest grade) – 95% tuition of that grade
- 3rd child (next highest grade) – 90% tuition of that grade
- 4th or more – 75% tuition of that grade

### ***Pastoral Discount***

For a licensed pastor of a local established church, an additional 15% discount will apply to each child in his/her immediate family.

### ***GPCS Tuition Assistance Program***

The purpose of the GPCS Tuition Assistance Program is to assist parents of students attending GPCS with a part of their school tuition. This program will allow students whose families may not be able to afford full tuition an opportunity for a Christian school education.

Tuition assistance will be granted to selected families based on need and under no circumstances will tuition assistance exceed 50% of tuition costs. No student will be disqualified because of race, sex, color, or national or ethnic origin. All applications will be considered and the final decision for tuition assistance will rest with GPCS.

FACTS Grant & Aid Assessment will conduct a financial need analysis for the upcoming GPCS school year. Families applying for financial aid will need to complete an application and submit the necessary supporting documentation and \$20 application fee to FACTS Grant & Aid Assessment **by the last Friday in May**. Paper applications will be available in the school office beginning in April. Applicants can also apply online by visiting [www.factstuitionaid.com](http://www.factstuitionaid.com).

Decisions will be announced as soon as possible after the deadline.

**Tuition Payment Options**

Please select an option below. If you choose the incentive option, choose one of the three choices. If you do not make a choice, GPCS will automatically bill you according to the traditional 10-month plan.

**θ Please send a FACTS Grant and Aid Assessment Application**

θ Incentive for Early Payment: (choose option)

- θ Receive a tuition discount of 5% for payment in full of 2011-2012 tuition by August 15, 2011.
- θ Receive a 3% tuition discount for payment of first half of 2011-2012 tuition by August 15, 2011.
- θ Receive a 2% discount for payment of second half of 2011-2012 tuition by January 15, 2012.

[Note: these discounts for payment of half-tuition only apply to the half-tuition that is paid up front]

θ Offer 12-month payment plan:

- A new 12-month option, in addition to current 10-month plan with the start date of July 1, 2011.
- The 12-month payment plan rolls up tuition, curriculum and other fees into 12 equal lump sum payments designed to help our families budget the costs.

θ Traditional 10-month payment plan:

- Registration Fee is due June 1.
- Curriculum Fees and Activities Fee are paid by July 1st.
- Tuition payments are spread out over 10 months with first payment due August 10 and the final tuition payment due May 10.

**Acknowledgment & Signature(s)**

I (we) have read and understand the policies outlined above and the penalties for not adhering to the GPCS tuition schedule.

Parent/Legal Guardian Signature _____	Date _____
Parent/Legal Guardian Signature _____	Date _____



# Service Fee & Volunteer Program

## Why a service fee & volunteer program?

GPCS, like many organizations, needs volunteers to keep the school operating. We have a simple equation at work in this school:

**Volunteers do tasks + School buys less services = Tuition is kept low**

We choose to employ professional teachers and staff to ensure a consistent, high-quality educational experience. Beyond this, all other functions rely heavily on volunteers to complete. We simply have too few volunteers to support the increasing needs of our growing school. To maintain our quality educational programs and affordable tuition, we utilize a service fee and volunteer program.

**Volunteer Unit** - approximately 1 hour of time spent in a designated Service Activity.

**Service Activity** – any activity specified to be part of a program. Examples include: work days, fundraising projects, coaching, classroom help, etc.

## Program Requirements

- Two Parent Families: a service fee of \$200 **or** 20 volunteer units per family per year; or in lieu of 20 volunteer units you can pay \$100 and 10 volunteer units.
- Single parents Families: a service fee of \$100 **or** 10 volunteer units per year.
- Your first 10 (or 5 if single) hours or \$100 (\$50 if single) is due by December 31st. The remaining hours and dollars are due by May 1st.
- Families unable to meet the requirements may have others donate in their place.
- Staff and Board members are exempt.
- Of course you can volunteer or donate above and beyond this requirement!

## Volunteer Area Choices (please indicate where you will volunteer time and skills)

### Administration

- Telephone
- Typing
- Mailing

### Extracurricular

- Music
- Drama
- Athletic Coaching
- Baking/Refreshments
- Yearbook

### Development

- Mailings
- Auction
- Alumni Events
- Telemarketing
- Media Relations
- Photography/Videography

### Academic

- Substitute Teaching
- Tutoring
- Chapel Speaker (Elementary or Secondary)

### Building/Grounds

- Carpentry
- Electrical
- Plumbing
- Painting
- Cleaning
- Computers

### Other

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



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## Athletic Fee Schedule

These fees will be billed after the coaches turn in their official rosters at the end of that sport's season. Payment is due within 30 days of billing.

Varsity Sports	\$100
Jr High Sports	\$50
Elementary Sports	\$35

### ***Athletic Fee Cap - \$275***

No individual student will be charged more than \$275 per school year.

### ***Family Athletic Fee Cap - \$400***

No family will be charged more than \$400 per school year.

The fee will be charged based on the level of the team, not necessarily the grade the individual is in. This pertains particularly to 4<sup>th</sup>, 5<sup>th</sup> & 8<sup>th</sup> graders in certain sports.



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## Health Information Instructions

1. Please complete all the required forms
2. The Medical/Emergency Authorization **MUST** be completely filled out in order for your child to attend GPCS.
3. The Physical Examination Form must be completed if:
  - Your child is entering Kindergarten
  - Your child/children are new students to GPCS
  - Your child/children plan to participate in any extracurricular sport (Grades 4-12)
  - Your child participates in sports and their last physical was 2 or more years ago
4. Only students with a record of Authorization for Tylenol or Advil will receive medication.



# Medical & Health Information

Student Name \_\_\_\_\_ Grade \_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**Please bring proof of immunizations. State law requires 5 DPT, 4 OPV, 2 MMR and Varivax (chicken pox).**

Tested for TB?  yes  no Date \_\_\_\_\_ Type of test \_\_\_\_\_ Results \_\_\_\_\_

### Illnesses

Please indicate if your child contracted or suffers from any of these illnesses by filling in the date):

	Date		Date
Chicken Pox	_____	Asthma	_____
German Measles	_____	Tonsillitis	_____
Measles	_____	Meningitis	_____
Mumps	_____	Frequent Headaches	_____
Mononucleosis	_____	High Fever	_____
Pneumonia	_____	Seizures	_____
Rheumatic Fever	_____	Head Injury	_____
Scarlet Fever	_____	Fainting	_____
Strep Throat	_____	Other	_____

### Operations

	Date		Date
Tonsils/Adenoids	_____	Hernia Repair	_____
Tubes in Ears	_____	Appendectomy	_____
Other (specify)	_____		

### Hospitalizations (in addition to above)

Problem	Date	Hospital
_____		
_____		

### Allergies & Reactions

Foods \_\_\_\_\_  
 Medicines/Drugs \_\_\_\_\_  
 Insects \_\_\_\_\_  
 Medications to be taken for reaction \_\_\_\_\_  
 Procedure to be followed if reaction occurs at school \_\_\_\_\_  
 \_\_\_\_\_

## General Health

Does your child use:

Contact Lenses  Glasses  Hearing Aid  Leg/arm Braces  Dental Plate/Braces  
 Crutches  Other (specify) \_\_\_\_\_

Please check any health concerns which you or your doctor has noticed

<input type="checkbox"/> Indigestion	<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Chronic Ear Infections
<input type="checkbox"/> Constipation	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Overtired/Lacking Pep
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Thumb sucking	<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Stomachaches	<input type="checkbox"/> Nail Biting	<input type="checkbox"/> Frequent Fevers
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Asthma	<input type="checkbox"/> Medical Problems Immediately After Birth	

Other Physical Problems (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Has your child has any injuries requiring medial attention within the past year? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has your child had any illness lasting more than 1 week within the past school year? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does your child have nay medical problem(s) the school should be made aware of? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does your child take any pills, medicines, injections or treatments either on a part-time or regular basis? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you consider your child's health to be:  Excellent  Good  Fair

6. Can your child participate in all school activities, including Physical Education? If no, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has your child had a hearing/ear examination and assessment? If so, please state when, and by whom and the results. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Has your child had a eye/vision examination and assessment? If so, please state when, and by whom and the results. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Physical Examination Form**  
*(To be completed by a physician)*

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_

N=Normal Please indicate defects.

- \_\_\_ Abdomen \_\_\_\_\_
- \_\_\_ Ears \_\_\_\_\_
- \_\_\_ Eyes \_\_\_\_\_
- \_\_\_ Extremities \_\_\_\_\_
- \_\_\_ Feet \_\_\_\_\_
- \_\_\_ Heart \_\_\_\_\_
- \_\_\_ Hernia \_\_\_\_\_
- \_\_\_ Genitals \_\_\_\_\_
- \_\_\_ Lungs \_\_\_\_\_
- \_\_\_ Nervous System \_\_\_\_\_
- \_\_\_ Nose \_\_\_\_\_
- \_\_\_ Posture \_\_\_\_\_
- \_\_\_ Skin \_\_\_\_\_
- \_\_\_ Thyroid \_\_\_\_\_
- \_\_\_ Tonsils \_\_\_\_\_
- \_\_\_ Adenoids \_\_\_\_\_
- \_\_\_ Other Glands \_\_\_\_\_

Is the child presently taking medication? \_\_\_\_\_

General Condition  Good  Fair  Poor

*"I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which make it medically inadvisable for this student to partake in regular, supervised school activities including physical education and extracurricular sports such as soccer, basketball, track and/or softball."*

Date of Examination \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_



# Authorization to Administer Acetaminophen or Ibuprofen

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

My child has my informed consent to receive no more than one dose of medication during the school day, as needed for minor discomfort. Please check the numbers of tablets given. Usually, generic equivalents will be given.

Please give:

Tylenol (generic)

1 tablet  2 tablets

Advil (generic)

1 tablet  2 tablets

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1										
2										
3										
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Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone \_\_\_\_\_



**Medical / Emergency Authorization**  
**Must be filled out completely to attend GPCS**

Student Name \_\_\_\_\_ Grade \_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Father's Full Name/Legal Guardian \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Phone/Pager \_\_\_\_\_

Mother's Full Name/Legal Guardian \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Phone/Pager \_\_\_\_\_

Person to Contact if parent cannot be reached in an emergency.  
Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Please list disabilities, allergies and/or any medications used \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Group Number \_\_\_\_\_

*"If an accident or injury occurs at school, and the school administration, office manager, teacher or authorized representative cannot get in touch with us, we the parents/legal guardians of the above named child do hereby authorize the school administrator, office manager, teacher, or authorized representative to call the family physician listed above.*

*If the family physician cannot be reached, we do hereby authorize the transportation of our child to the nearest hospital emergency room, where the attendant on duty will have our permission to give emergency treatment."*

Parent/Legal Guardian Signature _____	Date _____
Parent/Legal Guardian Signature _____	Date _____
Daytime Phone(s) _____	