



Home of the Mustangs

Grace Academy
4200 Highway 5 North
PO Box 900
Bryant, AR 72089
Phone: (501)847-3720
Fax: (501)847-8357

Grace Academy Registration Application
(A \$75.00 Registration Fee must accompany this application)

Student's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Addresses _____

Date of Birth _____ Social Security _____ Sex _____

Grade at Registration _____

Father's Name _____

Father's Employer _____ Work Number _____ Cell _____

Mother's Name _____

Mother's Employer _____ Work Number _____ Cell _____

Place of Church Membership _____

School attended last year _____ Grade _____

School Address _____ Phone _____

Has your child ever been suspended or expelled? ()YES ()NO

If yes, why? _____

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Additional adults authorized to pick up my child from Grace Academy:

Name _____ Phone Number _____

Relationship to Child _____

Name _____ Phone Number _____

Relationship to Child _____

Name _____ Phone Number _____

Relationship to Child _____

EMERGENCY CONTACT INFORMATION:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Relationship to child _____

Medical Information:

Is your child allergic to any medication? () YES () NO

If yes, what? _____

Does your child have any medical conditions we need to be aware of? () YES () NO

If yes, what? _____

Is your child covered under medical insurance? () YES () NO

If yes, what is the company name? _____

Policy Number _____ Group Number _____

Name of family physician: _____ Phone _____

Name of family dentist: _____ Phone _____

In the event of an emergency, I give permission to the staff of Grace Academy to seek or render medical attention for my child. I do not hold them liable for any circumstances.

Parent Signature _____ Date _____

Parent Signature _____ Date _____