APPLICATION FOR ADMISSION



Application fee* (full-time and part-time): \$150 (\$100 if applying by 1/31/17)

Financial Information 2017-2018

2701 Rice Rd • Matthews, NC 28105 • (704) 315-5774 • www.GreyfriarsClassical.org

Full-Time Registration Deposit: Full-time Tuition:		\$600 (\$400 if registering by 2/28/17) \$3,350/year		Photo	
	or new families	\$75 per course (\$50 per course if registering by 3/31/17) \$195 for ½ credit, \$520 for one credit, etc. (see website) with students applying to grades 10-12, until May 5, 2017 for the first two courses until March 31, 2017			Recommended
 A Final Registration Fee \$975 for full-time stud \$200 per course for pa Remaining tuition for fu Payment Plan; remaining See website for details on 	ents (\$650 if part-time students ll-time students ng tuition for p	id by 5/5) (\$150 per course if pa is payable via a Mont art-time students is ord	hly Payment Plan or linarily due by July 1		
Application Checklist: ☐ Completed and signed application (pages 1-4) ☐ Application fee (amount listed above) ☐ Copy of student's most recent grades and standardized test scores ☐ Pastoral reference delivered and request made of pastor (page 5) STUDENT AND FAMILY INFORMATION (Please print in in				New! The 1-2-3 Scholarship Program is intended for students who otherwise could not afford to attend Greyfriars. ☐ Yes, please send me more information about the 1-2-3 Scholarship Program.	
Today's Date					
Student's Name		first	middle	prefers to be called	_ □ Male □ Female
Entering Grade	Age	Date of Birth	Heig	ght V	Weight
Home Address			City	/State/Zip	
Home Phone					
Father's Name	last	first	middle	pre	efers to be called
Father's Email				Cell Pho	ne
Father's Workplace		Positio	n	Work Pho	ne
Workplace Address			City	y/State/Zip	
Mother's Name	last	first	middle	pre	fers to be called
Mother's Email				Cell Pho	ne
Mother's Workplace		Position		Work Pho	ne
Workplace Address			City	y/State/Zip	
Other Children: Name		Date of Birth	Name		Date of Birth
				_	





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If parents are separated or divorced, with whom doe	s the applicant live?
Family's Church	Are You Members? Pastor's Name
Family's Doctor	Phone
Emergency Contact Person	Phone
EDUCATIONAL HISTORY	
Please list all other previous schools your child has a	attended (please list the most recent first):
School	Years attended
Address	
School	
Address	
School	
Address	
Is your child currently being educated at home?	
Please list all tutorial or cooperative organizations ye	ou have used to supplement your child's education:
Name	Years attended
Brief description	
Name	Years attended
Brief description	
Name	Years attended
List special honors or awards that your child has rec	eived:

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EDUCATIONAL PHILOSOPHY
What does <i>Christian</i> education mean to you?
What does <i>classical</i> education mean to you?
Why do you want your child to attend Greyfriars?
Do you support Greyfriars' commitment to provide an education that is consistent with the Westminster Confession and Catechisms?
PERSONAL HISTORY
In the best interest of your child, please be candid as you answer the following questions. Space for a brief explanation is supplied for each question, but you may also attach further explanation to this application as needed. During our review of your child's application, we may request further details and documentation on items below.
Please list any medical conditions concerning which we should be aware (e.g., allergies, asthma, epilepsy, diabetes, HIV+, etc.)
Are your child's immunization records up to date? (Please note: NC law requires every school to "maintain current and accurate disease immunization records on file at its office for each pupil enrolled." We must have a copy of these records at the time of enrollment.) Has your child ever received special academic help or tutoring? If so, briefly explain the circumstances:
Has your child ever repeated a grade for any reason? Which grade? Briefly explain the circumstances:
Has your child ever been suspended or expelled for any reason? If so, briefly explain the circumstances:
Has your child ever been evaluated for a learning disability, hyperactivity, ADHD, or ADD, or been seen by a counselor / doctor / psychiatrist for any type of social, behavioral, or mental problems? If so, briefly explain the circumstances:
Has your child ever been involved in legal problems or been arrested? If so, briefly explain the circumstances:

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STATEMENT OF FAITH

This is the statement of faith of *Greyfriars Classical Academy* as found in our by-laws. Your signature at the end of this application indicates your full agreement with this statement of faith.

- 1. I believe the Bible alone to be the word of God, the ultimate and infallible authority for faith and practice.
- 2. I believe that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit.
- 3. I believe that God created the heavens and the earth and all they contain, and that He upholds and governs them in accordance with his eternal will.
- 4. I believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- 5. I believe that, for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely necessary.
- 6. I believe that salvation is by grace through faith alone.
- 7. I believe that faith without works is dead.
- 8. I believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
- 9. I believe in the resurrection of both the saved and the lost; they that are saved to the resurrection of life and they that are lost to the resurrection of damnation.
- 10. I believe in the spiritual unity of all believers in our Lord Jesus.

APPLICATION SIGNATURE

I affirm my full agreement with the statement of faith listed above. I certify that this application is correct.

Signature of Father/Guardian	Date
Signature of Mother/Guardian	Date

Notice of Nondiscriminatory Policy as to Students: Greyfriars Classical Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Greyfriars Classical Academy does reserve the right to select applicants for admission on the basis of personal religious commitment and beliefs, academic performance, and willingness to cooperate with the Greyfriars Classical Academy Board and Administration and to abide by its policies.

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PASTORAL RECOMMENDATION

Section 1: Completed by the parents Parents' names Phone Address _____ Student's name _____ Applying for grade _____ Pastor's name* Church name _____ Church address *Note to parents: If someone in leadership at your church other than the senior pastor would be better suited to give a recommendation, that is also acceptable. Please indicate the name and position of that individual. As a courtesy, please consider supplying a return envelope, stamped and addressed to GCA at the address above. **Section 2: Completed by your pastor** Dear Pastor, The family named above is applying for admission to Greyfriars Classical Academy. GCA requires that at least one parent be a professing Christian, and we are particularly eager to partner with Christian families that conscientiously live out that faith. Since the parents named above have submitted this form to you, they are asking you to help us evaluate them. Please know that your comments will be kept completely confidential. GCA is grateful for your willingness to answer the following questions: Is at least one parent a member of your church? _____ How long have you known this family? _____ How frequently does this family attend worship? ___ weekly ___ regularly ___ occasionally ___ rarely Would you recommend this family and this child for admission to GCA? Are there additional comments you would like to make, or circumstances about which we should be informed? Are you willing for us to contact you? Phone

Thank you for the time you have given to fill out this form. Please mail this form back to us at the address at the head of this page. If you have any questions, headmaster John McGowan can be reached at (704) 315-5774, or at headmaster@greyfriarsclassical.org.

Pastor's signature _____ Title ____