



Gospel Baptist Christian School

24861 Old 41 Road
Bonita Springs, FL 34135
(239) 947-1285



school@mygbcbs.com www.gospelbaptistchristianschool.com

APPLICATION & ENROLLMENT FORMS 2023-2024

Student Information

Student's Name _____ Preferred Name _____

Date of Birth _____ Gender _____ Grade Level _____ School Year _____

Address Line 1 _____

Address Line 2 _____

City, State, Zip _____

Who recommended us? _____ Ethnicity _____

Mother/Guardian (Check here if Mother/Guardian is not applicable (e.g. single parent)

Name _____ Occupation _____

Employer _____ Work Phone _____

Cell Phone _____ E-mail _____

Mailing Address (if different from student home address)

Address Line 1 _____

Address Line 2 _____

City, State, Zip _____

Father/Guardian (Check here if Father/Guardian is not applicable (e.g. single parent)

Name _____ Occupation _____

Employer _____ Work Phone _____

Cell Phone _____ E-mail _____

Mailing Address (if different from student home address)

Address Line 1 _____

Address Line 2 _____

City, State, Zip _____

Family Information

Student lives with (check all that apply) Father Mother Stepfather Stepmother Other

Are the child's parents divorced? Yes No

Authorized Contacts

Name _____ Relationship _____
Phone _____ Authorized for Emergency Contact Pickup
Address _____

Name _____ Relationship _____
Phone _____ Authorized for Emergency Contact Pickup
Address _____

Name _____ Relationship _____
Phone _____ Authorized for Emergency Contact Pickup
Address _____

Name _____ Relationship _____
Phone _____ Authorized for Emergency Contact Pickup
Address _____

Medical Information

In case of an emergency when parents or authorized persons cannot be contacted, I hereby grant permission to the school personnel to secure care for my child from the doctor below, or if that doctor is unavailable, from a local medical center.

Doctor _____ Phone _____

Dentist _____ Phone _____

Insurance Company _____ or None

Hospital Preference _____ or None

My child may be given Tylenol Yes No If yes, indicate preferred strength Children's Junior Adult

My child may be given Advil Yes No If yes, indicate preferred strength Children's Junior Adult

My child may be given Benadryl (cream) for bites/stings Yes No

Does your child have any allergies? Yes No If yes, please describe _____

Does your child regularly take medications? Yes No

Worship Information

Church Family Attends _____ Pastor's Name _____

Denomination _____ How often do you attend? _____

Are you a member? Yes No

Parental Statements of Agreement

1. I/We hereby pledge to pay my/our financial obligations to GBCS on the due date and understand that it may be necessary to withdraw my/our children if proper arrangements are not made on a past due account. (please initial) _____
2. I/We agree to uphold and support the high academic standards of this school by providing a place in my/our home for my/our child to study and will encourage my/our child to complete all homework and assignments. (please initial) _____
3. I/We appreciate the moral standards of GBCS and will not tolerate profanity, obscenity, in word or deed, which is dishonoring to God and the Word of God. I/We will not tolerate disrespect directed to staff or personnel of GBCS. I/We agree to support the regulations of this school and authorize this school to employ discipline as it deems wise and expedient for the training of my/our child. (please initial) _____
4. I/We understand that this school reserves the right to dismiss any child who fails to comply with the established regulations, discipline and/or financial obligations as put forth in this letter. (please initial) _____
5. I/We have read the Student Handbook and agree to attend the parent/teacher meeting and understand the terms stated in this document and agree to them. (please initial) _____
6. I/We read the Disciplinary Policy as put forth in the Student Handbook and agree to comply with the terms. (please initial) _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Authorization for Use of Comments and Pictures of a Minor

Gospel Baptist Church and Christian School is hereby authorized to take or permit pictures to be taken of my child, a minor, for use by Gospel Baptist Church and Christian School in publications, newspapers, newsletters, its website, and/or on television for purposes of public relations for Gospel Baptist Church and Christian School. Gospel Baptist Church and Christian School shall also have the right to use any portion of any statement made by my child in any publication, newspaper, newsletter, or website. This agreement contains all the understandings, oral and written, of the parties and supersedes all previous agreements. If any portion of this Agreement is found to be invalid or unenforceable, it shall not affect the balance of this Agreement. This agreement will be governed by the law of the State of Florida.

Yes No Parent Signature _____ Date _____



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PERMISSION FOR RELEASE OF STUDENT RECORDS

I/We, hereby authorize NAME OF SCHOOL (prior) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

to release the following records for permanent transfer for:

CHILD'S NAME _____ DATE OF BIRTH _____

Official School Transcripts (grade level complete, grades, class standing, attendance records)

Standardized Test Scores

Psychological Report

Health/Immunization Records

Teacher/Counselor Observations

Other: _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Personal, identifiable information which is disclosed to an institution, agency, or organization may be used by its officers, employees, and agents, but only for the purpose for which disclosure was made.



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NEW STUDENT FORMS COMPLETION CHECKLIST

STUDENT'S NAME _____ REGISTERED FOR GRADE _____

- Application Forms
- Permission for Release of Student Records (1st-12th Grade)
- Academic Testing (scheduled through GBCS office)(3rd-8th Grade)
- Copy of Student Birth Certificate
- Physical Examination (from doctor or records transfer)
- Immunization Record (mandatory before student may begin classes)

SPECIAL NOTE: All immunizations must be current or the student must have a Florida Exemption Form BEFORE they may start school. Consult with your child's physician if you have any questions regarding current immunization requirements.

K3 & K4 Students: (check one) Part Time (1-3 days) _____ Full Time (4-5 days) _____

If part time, circle days of attendance: M T W Th F