



Acceptance Checklist for Parents

Parents this checklist is designed for you to check necessary components in having your child accepted at G.C.S. Clerical help please bubble the following forms once they have been fully completed and inserted in the students file.

First Steps:

- Southern Union Conference Elementary Registration Application
 - 3 Letter of Recommendation Forms completed and filed (VPK 2 letters)
 - Students Records (medical, birth certificate, standardized test scores, grades, I.E.P, behavior, etc.)
 - Medical immunization/physical records signed by a physician
 - Financial Agreement and/or clearance signed by parent, treasurer or designated board member
-

Pre-Kindergarten

- G.C.S. staff member: Written observation of document of:
 - Synopsis of conversation with parent/guardian (health, concerns, strengths)
 - Tasks asked of 4 year old-i.e. stand up, sit down, turn around,
 - Age verification – 4 years by first day of school
 - VPK form from Early Learning Coalition

Grades K-8

- Students grades from previous years
- Kindergarten students a copy of readiness test score

Second Steps:

- Medical Release form (front and back completed and signed)
- Technology User Policy signed by both parent and student
- Agreement of policy handbook form signed by both parent and student
- After School Care Policy form signed by both parent and student
- Pick-Up agreement signed by parent
- Field Trip Permission and Consent signed by parent
- Attendance & Tardy Policy signed by parent
- Image Release – signed by parent
- Volunteer form signed.

SOUTHERN UNION CONFERENCE ELEMENTARY REGISTRATION APPLICATION

(Please print in ink) School _____
 Pupil's Legal Name _____
 Last First Middle Nickname Sex: F ___ M ___

Date of Birth _____ Mo. Da. Yr. _____
 Place of Birth _____ City _____ State _____

Verification of Birth _____ Social Security No. _____
 Address (and changes of address) _____

1.	No.	Street	City	State	Zip	Tel.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">GRADE PLACEMENT</th> </tr> <tr> <th>Date Enrolled</th> <th>Age</th> <th>Grade</th> </tr> <tr> <th>Mo. Da. Yr.</th> <th>Yr. Mo.</th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	GRADE PLACEMENT			Date Enrolled	Age	Grade	Mo. Da. Yr.	Yr. Mo.										
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Mo. Da. Yr.	Yr. Mo.																								
2.						Tel.																			
3.						Tel.																			

Family Information	Father	Mother	Guardian
Legal Name			
Check one Home Address if Different from above	Natural ___ Step ___ Foster ___	Natural ___ Step ___ Foster ___	Relation to Child:
Home Telephone			
Occupation			
Education			
Business Address			
Business Telephone			
Birth Date			
Birth Place			
U.S. Citizen	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: <input type="checkbox"/>
SDA Member	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: <input type="checkbox"/>
Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: <input type="checkbox"/>	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: <input type="checkbox"/>	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: <input type="checkbox"/>

Other persons living with family _____
 Church child attends _____ Denomination _____ Relation to child _____
 Baptism — Place: _____ Date _____ Age _____

Children in family in order of birth including this child:				Transfer Students Only:		
Names	Living at Home	Sex	Birth Date	School last attended	Address	Age
			Mo. Da. Yr.		Street and Number	
					City	
					State	
					Zip	
					Grade Completed	

NOTE: Grade placement of transfer pupils is tentative until official transcript and records are received from last school.

Check any of the following diseases; give dates of immunizations the student has had:

Mumps _____ Dis. _____ Im. _____ Whooping Cough _____ Diphtheria _____ Measles _____ Typhoid _____ Pneumonia _____	Tetanus _____ Rheumatism _____ Chicken Pox _____ Smallpox _____ Scarlet Fever _____ Influenza _____	Dis. _____ Im. _____ Chorea _____ Injury _____ Operation _____ Polio Shots _____ Smallpox Vaccination _____ Immunized against Diphtheria _____
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Date of last physical exam. _____; Current physical exam. forms brought for Grades (K or 1) _____; (4) _____; (7) _____
 Factors which may interfere with child's learning: Hearing _____; Sight _____; Speech _____; Malnutrition _____; Heart _____
 Nervousness _____; Easy fatigue _____; Emotional problems or worries _____; Language other than Eng. used in home _____

Person to notify in emergency: 1. _____ Tel. _____
 2. _____ Tel. _____
 Physician to call in emergency _____ Tel. _____

If this physician is not available, does school have your permission to call another? _____
 My child will go to and from school: Walk _____; bicycle _____; family car _____; car pool _____; school bus _____; public transportation _____
 Where child is to go regularly after school _____ (Parent's request or note needed for any change)

If applicable during year, date of withdrawal: _____ Reason: _____
 Has student ever been suspended or expelled from any school? _____ If so, explain on back.
 Eighth Grade Diploma Date: _____ Eighth Grade Certificate Date: _____

We understand the requirements and regulations of the school and pledge our full cooperation.
 Signed _____ Pupil _____ Date _____

Legal Name _____
 School Board Chairman's Signature _____
 Last First Middle _____
 Approved for School Year 20 _____ 20 _____ 20 _____



FINANCIAL INFORMATION SHEETS FOR 2020-2021 SCHOOL YEAR

APPLICATION FEE

Completed Application Received by:	<i>Fee</i>
March 31, 2020	\$25.00
April 1, 2020 – Sept. 1, 2021	\$50.00

REGISTRATION & TUITION

	Registration Fee	Annual Tuition	Monthly Tuition (August 2019-May 2020)
Pre-Kindergarten (VPK Only - half day)	\$0.00	Paid by VPK	\$0.00
Pre-Kindergarten (Full day Pre-K, no VPK Subsidy)	\$225.00	\$6,500.00	\$650.00
Pre-Kindergarten (full day, with VPK Susidy)	\$225.00	\$3,000.00	\$300.00
Grades K – 8	\$525.00	\$6,200.00	\$620.00

Other Fees & Discounts

Fee/Discount	Amount	Details
Referral Discount	\$50.00	One-time discount on student account for the referral of a family; after the referral the family enrolls their child(ren).
Early Payment Discount	5%	A 5% discount on tuition will be applied when a current month's tuition payment is paid by the 10 th of that month.
Yearly Pre-Payment	5%	A 5% discount on tuition will be applied when the annual tuition is paid in full by August 31, 2019.
Field Trip Fee (Grades 5 and 6 only)	\$200.00	The field trip fee is for the Outdoor Education Field trip taken by all 5 th and 6 th grade students
Grade 8	\$200.00	Graduation Fee



Help is Here!

SCHOLARSHIPS FOR FLORIDA SCHOOLCHILDREN



Not all students learn the same way. That's why Step Up For Students exists:
to give those Florida schoolchildren who need it most, the learning options that work best for them.

Step Up For Students is a nonprofit scholarship funding organization that helps administer five programs for Florida schoolchildren:

Income-Based Scholarships

Two scholarships are available for lower-income students: the **Florida Tax Credit Scholarship** and **Family Empowerment Scholarship**. Both scholarships give students an option to find the best schools to meet their K-12 learning needs.

Special Needs Scholarship

The **Gardner Scholarship** helps Florida families customize education for their children with certain special needs who are ages 3 through 22. The scholarship covers 17 diagnoses, including autism spectrum disorder, Down syndrome, intellectual disability, spina bifida and traumatic brain injury. Parents can use scholarship money toward a combination of approved programs and providers that best meet their children's unique learning needs.

Bullied Student Scholarship

The **Hope Scholarship Program** provides relief to students bullied in a public school. It gives them an opportunity to transfer to a K-12 public school with capacity in another district or to request a scholarship for the student to attend an eligible private school. To qualify, the incident must have taken place at a public K-12 educational institution, any school-related or school-sponsored program or activity, including riding on the school bus or waiting at the bus stop.

Reading Help Scholarship

The **Reading Scholarship Accounts program** is an education savings account program for third- through fifth-grade students enrolled in public schools who scored a 1 or 2 on the third or fourth grade English Language Arts section of the Florida Standards Assessment in the prior year. Worth \$500 each, these educational savings accounts help parents access programs and providers to help their children improve their reading skills. Students who are classified as English Language Learners, and who are enrolled in a program or receiving services that are specifically designed to meet the instructional needs of English Language Learner students, will receive priority.



To learn more or apply, visit www.StepUpForStudents.org

Program funds are limited and are available on a first-come, first-served basis.

StepUp4Students StepUp4Students @StepUp4Students Scholarship Hotline 877-735-7837



18440 US Highway 441
Mount Dora, FL 32757
T 352-383-9920
F 352-383-4140

Communicate via: GCSinmtdora@gmail.com
Anfbnu.adventistschoolconnect.org

MEDICAL CONSENT FORM

Student Name: _____
FIRST MIDDLE LAST

Birth Date: _____ Sex: _____

Religious Affiliation: _____

PARENT/GUARDIAN

Name: _____

Relationship to Student: _____

Address: _____

City/State/Zip: _____

Email: _____

Cell: _____

Primary Custodial? YES _____ NO _____

Occupation: _____

Employer: _____

Employer Tel No: _____

Religious Affiliation: _____

EMERGENCY CONTACT:

Name: _____

Relationship to Student: _____

Address: _____

City/State/Zip: _____

Cell: _____

PARENT/GUARDIAN

Name: _____

Relationship to Student: _____

Address: _____

City/State/Zip: _____

Email: _____

Cell: _____

Primary Custodial? YES _____ NO _____

Occupation: _____

Employer: _____

Employer Tel No: _____

Religious Affiliation: _____

STUDENT'S PRIMARY PHYSICIAN:

Name: _____

Office: _____

Address: _____

City/State/Zip: _____

Tel: _____

Student's Medical History (e.g. breathing conditions, diabetes, physical limitations, etc.):

Current Medications: _____

Allergies (i.e.: food, medications, etc.) _____

I/We, the undersigned parent(s)/guardian(s), give my(our) consent for first aid and emergency medical treatment to be administered to my child.

I/We understand that when my child is on school trips off campus, this consent will also include administering over-the-counter medications (e.g. pain relievers, antihistamines, and decongestant/cough medicine, etc.) when necessary.

DO NOT give my child the following over-the-counter medications:

This authorization is effective from the first day of _____, 20____ through the last day of _____, 20_____.

Parent/Guardian/Responsible Party Signature	Printed Name	Date
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Parent/Guardian/Responsible Party Signature	Printed Name	Date
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2020-2021

PICK-UP AUTHORIZATION

My child, _____ Grade _____

has permission to be picked up after school by the following people:

Name	Telephone Number

Please initial the following:

_____ I have provided seating (i.e. car seat, booster seat, and seat belts) as required by Florida State law.

- *Children 5 years old or younger must be secured in a federally approved child restraint system.*
- *Children 4 through 5 years must sit in either a separate car seat, a built in child seat or a seat belt, depending on the child's height and weight.*
- *Children 6 through 17 must be in a seatbelt.*

_____ I understand it is my responsibility to inform Gateway Christian School by text or e-mail, if another individual, not listed above, is to pick up my child. I understand if this procedure is not followed, my child will not be released and after school care expenses will occur.

_____ I understand that it is my obligation to verify that each driver listed has a current driver's license and insurance. Any amended drivers will also have the appropriate license and insurance.

Parent/Guardian/Responsible Party Signature Printed Name Date



FIELD TRIP PERMISSION AND CONSENT TO TREATMENT FORM

My child, _____, Grade _____

has my permission to go on local field trips. Local field trips are defined as any trip whose final destination is within a 25 mile radius from the school. Field trips that are outside the 25 mile radius will require a separate permission form.

I understand that precautions will be taken to ensure each students safety, however, if an emergency should arise, Gateway Christian School staff have my permission to seek emergency medical treatment for my child.

I understand it is my responsibility to inform Gateway Christian School if another individual, not listed above, is to pick up my child.

Parent/Guardian/Responsible Party Signature	Printed Name	Date
---	--------------	------

Parent/Guardian/Responsible Party Signature	Printed Name	Date
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2020-2021

Technology User Policy

1. I understand the use of the Laptop/iPad or other tablet at Gateway Christian School is for instructional and witnessing purposes. It will not be used for entertainment.
2. I understand I may not download an app for any media content on a Gateway Christian School Laptop/iPad or other tablet without consent from my teacher.
3. I will maintain the operating system and not change it.
4. I will not deface the serial number.
5. I will not take a Laptop/iPad or other tablet beyond my classroom unless instructed by my teacher.
6. I will never leave the Laptop/iPad or other tablet unattended or share a different Laptop/iPad.
7. I will be responsible for the Laptop/iPad or other tablet assigned to me and I recognize if there are any damages to the Laptop/iPad or other tablet I've been assigned to it's my full responsibility to pay for and fix the Laptop/iPad or other tablet.
8. I will not take photos or record class lectures, discussions, etc. unless given permission from the instructor.
9. I will protect the Laptop/iPad or other tablet by ensuring it is in a proper case and I will not stack anything on top of it.
10. I will ensure the Laptop/iPad or other tablet I have been using is properly charged and stored.
11. I will not share my password or attempt to discover anyone's password.
12. I recognize using an app under someone else's login or user name will result in suspension from Laptop/iPad or other tablet.
13. I recognize the staff and administration at Gateway Christian School has the right to amend this user policy at their discretion. I realize at that time, I will have a new user policy to sign.
14. I have read, understand and agree to all points in Gateway Christian School's iPad or other tablet user policy and will fully adhere to the policy.
15. I will not access any inappropriate or unauthorized material on the Internet.
16. I recognize that an authorized staff member must monitor all use of technology.
17. I understand that Laptops/iPads are for school learning only and only teacher sanctioned game playing is allowed.

Violation of this policy will result in the student no longer being allowed to use school technology.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



AGREEMENT TO COMPLY WITH SCHOOL POLICIES AND HANDBOOK

I/We, the parents/guardians of the student named below, understand that the students of Gateway Christian School, and their parents, are required to comply with all school policies contained in the Student Handbook and any other such policies as may be enacted from time to time by the school administration or the school board.

I/We also Parents specifically understand and agree that if, at any time, any issue arises between their student and another student at Gateway Christian School, the parent is NOT ALLOWED to address the issue with the other student directly. The parent will take the issue up with their student's teacher or the school principal.

By our signatures below, we agree to the above statements.

Student Signature	Printed Name & Grade	Date
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Parent/Guardian/Responsible Party Signature	Printed Name	Date
--	---------------------	-------------

Parent/Guardian/Responsible Party Signature	Printed Name	Date
--	---------------------	-------------



After Care Guidelines

Aftercare services are provided at Gateway Christian School, for students, whose parents are working and need to have them in a safe environment. All students who are on campus after school will be taken to Aftercare.

HOURS	Monday-Thursday	3:15-5:30 p.m.
	Friday	1:15-3:15 p.m.
FEE	Hourly	\$6.00
	Each ¼ hour	\$1.50
	<u>After Hours</u> Mon-Thurs. after 5:30 pm Friday after 3:15 pm	\$1.00/minute
Teacher In-Service Days	No charge for students 12:15-3:15 pm Limited space – prior arrangement with office necessary	
Need Based Option	If there is a specific financial need, please consult with the After Care Supervisor	

RULES & GUIDELINES:

Students:

- Must ask permission to leave the room.
- Classrooms and other portions of the church facility are closed after school. Students must be accompanied by an adult to use portions of the church facility.
- Walk inside and use indoor quiet voice.
- Keep hands and feet to yourself.

Parents:

- Afternoon snack is helpful for each student. If there are any dietary restrictions, please notify the staff.
- Must sign student out.
- Student will only be released to those listed on the "Pick Up Authorization" form. This excludes siblings under the age of 18.
- Aftercare fees must be paid in full each month.
- A credit card is required to be on file. Accounts with an outstanding balance after the end of the month will be given 5 business days to settle the account before the credit card is charged.
- All students on playground or in Aftercare room must be signed in to the Aftercare program. Due to liability issues only those under the supervision of the aftercare director are allowed to be in aftercare.

I have read the Aftercare rules, and we agree to abide by them.

Parent Signature Date Child(ren)

Attendance and Tardy Procedure

Tardiness: Students are tardy if they are not in their classroom by the appointed class start time (8:05 a.m.).

Excused Tardiness: medical appointments with a note from the medical personnel for that date.

Unexcused Tardiness: includes any reason other than medical appointments.

Gateway's tardy policy

1. Anytime a student is tardy will require parent/guardian to walk their student in with either the \$1.00 tardy fee or a medical note from physician's office.
2. If student enters GCS unaccompanied and without the \$1.00 tardy fee the dollar must be brought in the next morning BEFORE student may attend class.
3. Ten unexcused tardies in a single grading period will result in a \$25.00 fine.
4. If 18 tardies, excused or unexcused, are accumulated during the school year the student becomes ineligible for honor roll field trip and principal's lunch.
5. Any student having 30 or more tardies within a school year the parent must meet with the Admission's Committee.

Absences

Children should not attend school if they are ill. Illness includes having a fever, or vomiting within a **24 hour period**. Students who are absent due to illness beyond three days will need a physician's note documenting the illness, verifying eligibility to return to school and any limitations the physician recommends. It is important to schedule vacations, mission trips, and family conferences with school attendance in mind. If a trip is unavoidable please fill out a "*Leave of Absence*" form (available in the office) at least one week prior to leaving, so that you can work out a plan accordingly with your child's teacher. It will be at their discretion if work can be made up.

Parent/guardian

Date



18440 US Highway 441
Mount Dora, FL 32757

Tel: 352-383-9920

Fax: 352-383-4140

E-mail: Gcsinmtdora@gmail.com

Web site: antbmu.adventistschoolconnect.org/

Dress Code

The purpose of a dress code is to set guidelines which will ensure a neat and modest appearance that will serve us in representing our Lord, our school, and our family well. To encourage students to dress simply and attractively and to ensure that the students' appearance is appropriate for a school setting, compliance with the following dress code is required for students.

1. No jewelry of any kind.
2. No portion of underwear is to be showing.
3. All shirts must cover the entire midriff and boy's shirts must be tucked in when not involved with P.E. or sports.

What to wear

1. Burgundy polo shirt bearing the logo of Gateway Christian School is the accepted shirt for school days.
2. A Gateway Christian School logo t-shirt with the school name will be required for field trips and other designated days.
3. P.E. shirts are required.
4. Students should wear athletic shorts or pants, shorts should come to student's knees.
(T- Shirts and P.E. uniforms can be purchased through F.M. Marketing - see below).

The following can be purchased at the uniform clothing store of your choice. Please adhere to guidelines as listed below.

4. Khaki or Navy Blue "school uniform" pants.
5. Khaki or Navy Blue "school uniform" shorts. Shorts must be at least mid thigh length.
6. Khaki or Navy Blue "school uniform" skirts, capris and skorts maybe worn by girls. Skirts and skorts must be at least knee length.
7. Belts are required.

Shoes and Outerwear

1. Flat closed toe shoes are required to be worn at all times. Ladies refrain from wearing heels unless given permission for special occasions.
2. Sneakers or Tennis shoes are required for all athletic activities.
3. Jackets with zippers or cardigans maybe worn during cooler weather. The color should be a solid navy or gray. The designated school patch should be sewn on.
4. Hats and sunglasses should only be worn outdoors.



18440 US Highway 441
Mount Dora, FL 32757

Tel: 352-383-9920
Fax: 352-383-4140
Email: GCSinmtdora@fiscoe.org
www.antiemu.adventistschoolconnect.org

IMAGE RELEASE CONSENT FORM

As part of our education program we take photographs and videos of children in action as they participate in the classrooms, field trips, singing events, community events, Gateway school events, etc. We would like you to indicate below what uses of images of your child you are willing to consent to. This is completely up to you. We will only use the photographs in ways that you agree to. In any use of these images, names and other personal information will **NOT** be identified, unless first discussed with the parents (I.E. announcements to the newspapers about a ceremony for graduating Seniors).

- Images of my child(ren) may be used as part of Gateway pamphlets, brochures, and Curriculum and Informational booklets.
- Images of my child(ren) may be used for newspaper publications announcing ceremonies, appreciation ceremonies, church events, etc.
- Images of my child(ren) may be used at meetings, lectures, and workshops designed to educate teachers and congregations about Religious Education, Church Community, spiritual development and community awareness endeavors.
- Images of my child(ren) may be used in public presentations during Gateway Christian school Public Relations events, such as Registration /Open house days, Community days, Gateway information booths, or for use in welcome packets for potential families who may join.
- Images of my child(ren) may be used on the Gateway Website.
- Please do not use ANY images of my child(ren) in ANY way.

I have read the above description and give my consent for the use of the images as indicated above.

Child(ren)'s name(s): (please print)

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date



VOLUNTEER REQUEST FORM

I understand that all adults working directly with children at Gateway Christian School are required to pass a background check with the Florida Department of Law Enforcement (FDLE).

I would like to be considered as a volunteer for the 2018-2019 school year. Please include me in the background check process.

Volunteer Printed Name

Volunteer Signature

Contact Phone Number(s)

Date

Please list any skill or abilities that you would be willing to share:



18440 US Highway 441
Mount Dora, FL 32757

Tel: 352-383-9920
Fax: 352-383-4140
Email: info@myGatewayChristianSchool.com

www.myGatewayChristianSchool.com

STUDENT RECORDS RELEASE FORM

Please mail or email the requested files, information to:
GATEWAY CHRISTIAN SCHOOL – REGISTRAR
18440 U.S. HIGHWAY 441
MOUNT DORA FL. 32757
Tel: 352-383-9920
Email: gcslnmtdora@flcoe.org

Name of Previous School: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

To the custodial of records of the above named school:

- As per the request of the parent(s) and/or guardian(s) of the below named student, please send the cumulative educational records including but not limited to:
 - ✓ Official transcripts
 - ✓ Medical Records
 - ✓ Exceptional education Records
 - ✓ Psycho-educational evaluation reports, etc
- Financial Clearance

AUTHORIZATION

I/We hereby authorize the above named person and/or agency to release the above listed records to Gateway Christian School for my student:

Student's Name: _____

Student's Date of Birth: _____

Parent/Guardian signature: _____

Date: _____

2020-2021



STUDENT RECOMMENDATION FORM

NOTE: No recommendations should come from family members or friends. This form should be returned to the office within five days. The recommendation forms must be completed before a student is fully registered at Gateway Christian School.

INSTRUCTIONS: Applying students need three (3) recommendations; [a] student's current principal, vice principal or treasurer; [b] current teacher; [c] another teacher, a guidance counselor, or a pastor.

Student Name: _____ Applying for Grade: _____

The above named student is applying for admission to Gateway Christian School. Please complete this form and return as soon as possible to Gateway Christian School, 18440 US Highway 441, Mount Dora, FL 32757 or send by fax to: (352) 383-4140.

How long have you known the applicant? 1-2 years 3-4 years 5+ years
 When was your last interaction with the applicant? Current 1 year ago 2+ years
 In what capacity have you known the applicant? Current teacher Former teacher
 School administration Pastor

How would you rate the applicant in the following areas?

	Very Good	Average	Poor	Don't Know
Christian influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness and Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge, has the applicant repeated a grade? No Yes
 To your knowledge, has the applicant been suspended or dismissed from school, arrested or on probation? No Yes (if so, please explain – use back if more space is required)

Does the student have an unpaid tuition balance at school last attended? yes no

What are the first three words that come to mind to describe this student?

(1) _____ (2) _____ (3) _____

Do you recommend this student?

Yes, without reservation Yes with reservation No, not at this time

General Comments: (Please list strengths/weaknesses, etc. – use back if more space is required.)

Name (Please Print)

Signature

Date

Position

Organization Name

Telephone

Address

City

State

Zip



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Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness and Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge, has the applicant repeated a grade? No Yes
 To your knowledge, has the applicant been suspended or dismissed from school, arrested or on probation? No Yes (If so, please explain – use back if more space is required)

Does the student have an unpaid tuition balance at school last attended? yes no

What are the first three words that come to mind to describe this student?

(1) _____ (2) _____ (3) _____

Do you recommend this student?

Yes, without reservation Yes with reservation No, not at this time

General Comments: (Please list strengths/weaknesses, etc. – use back if more space is required.)

Name (Please Print) _____ Signature _____ Date _____

Position _____ Organization Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____



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How long have you known the applicant? 1-2 years 3-4 years 5+ years
 When was your last interaction with the applicant? Current 1 year ago 2+ years
 In what capacity have you known the applicant? Current teacher Former teacher
 School administration Pastor

How would you rate the applicant in the following areas?

	Very Good	Average	Poor	Don't Know
Christian influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness and Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge, has the applicant repeated a grade? No Yes
 To your knowledge, has the applicant been suspended or dismissed from school, arrested or on probation? No Yes (if so, please explain – use back if more space is required)

Does the student have an unpaid tuition balance at school last attended? yes no

What are the first three words that come to mind to describe this student?

(1) _____ (2) _____ (3) _____

Do you recommend this student?

Yes, without reservation Yes with reservation No, not at this time

General Comments: (Please list strengths/weaknesses, etc. – use back if more space is required.)

Name (Please Print)

Signature

Date

Position

Organization Name

Telephone

Address

City

State

Zip