

Application for Admission



Gloria Deo Academy educates youth in a historic Christian worldview through a rigorous classical curriculum. The goal of GDA is to train ethical leaders and wise thinkers who will shape the culture for the glory of God.

Glendale Campus/Business Office

**2110 S. Blackman Rd
Springfield, MO 65809
417-379-5430
Fax 417-881-6436**

River Bluff Campus

**2655 E. Farm Rd. 188
Ozark, MO 65721
417-425-4777**

Gloria Deo Academy admits students of any race, color, sex, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at our school and does not discriminate on the basis of race, color, sex, and national or ethnic origin in administration of our educational policies, admissions policies, or other school administered programs. Gloria Deo Academy does reserve the right to select students on the basis of academic performance, philosophical compatibility, and willingness to cooperate with the Gloria Deo Administration and abide by its policies.



Application Procedure Checklist

Please keep this checklist and use it for your personal reference. It is the responsibility of the parent to be sure all application materials are completed and received by the school office. The admission process cannot proceed until all items are received. You must submit the following **before** the admission process begins.

- _____ Birth Certificate and Immunization Records
- _____ Transcripts or Records Release Form
- _____ Application Fee (**Non-refundable**) \$100 (or \$150 after June)

***Application Fee is due at time of testing**

- _____ Completed Application for Admission (including the following):
 - _____ Student Release Form
 - _____ Medical Information and Consent Form
 - _____ Medication Authorization Form
 - _____ Illness Policy and Photo Release
- _____ Technology Contract (7th –12th grades)

After the above items are received, your child will automatically be put on the waiting list for the year selected on the application. If we have an opening in the grade requested, you will be contacted to continue the application process. Open enrollment for new families begins the first week in March and continues through mid-July. If contacted, you will continue through the application process. Class placement will be determined upon evaluation of testing and school records.

- _____ Testing K-11th grade
- _____ 9th -11th grades Counselor looks at credits
- _____ Referral Form completed and returned

Upon completion of all the above items, the school office will contact you to set up a Family Interview. The Student/Parent Handbook and covenant with the financial agreement will be given to you to read through prior to the interview. The Family Interview is required to be attended by both parents and every child that will be attending Gloria Deo Academy, unless there are extenuating circumstances and arrangements are made with the Head of School and/or Principal prior to the interview. Parents and students will meet with the Head of School or one of the Grammar School Principals. Upon acceptance, parents/guardians will be asked to sign the covenant with the financial agreement. The \$400 enrollment fee is due at this time.

- _____ Enrollment Fee **Non-refundable** \$400
- _____ Signed Covenant/Financial Agreement



Application for Admission

Application Date _____ / _____ / _____ Academic Year _____ Grade _____

Campus (Please circle one)

Glendale M/W K-6

M/W/F 7-12

River Bluff K-6 T/Th

River Bluff 7-8 T/Th and GCC on Fri

Student Information

Child's Full Name _____
Last First Middle Preferred Name

Social Security # of Child _____ Date of Birth _____ / _____ / _____

Sex _____ Ethnicity _____

Student's Email Address _____ Student's Cell # _____

Parent/Guardian Information

Mr. _____

Mrs./Ms. _____

Father's Cell # _____ Mother's Cell # _____

Home Phone _____

Home Address _____ City/State/Zip _____

Father's Employer _____ Occupation/Title _____

Father's Work Phone _____ Father's Email Address _____

Mother's Employer _____ Occupation/Title _____

Mother's Work Phone _____ Mother's Email address _____

Church Membership and Denomination: _____

For Office Use Only : Date Received _____ Time Received _____

Money Received _____ Received By _____



Student Release Form

Other than parents/guardians indicated above, the **CHILD WILL BE RELEASED ONLY TO PERSONS INDICATED BELOW (unless we receive communication from the parent/guardian in advance)**. This must include at least one local person to call for illness, accident, late pick-up, or other emergency reasons.

Please list contacts in the order of preference as to who should be contacted first. A photo identification may be required before a student is released.

Contact #1

Mr./Mrs./Ms. _____ Home Phone _____

Home Address _____

Employer/Occupation _____ Work Phone _____

Relation to student _____

Contact #2

Mr./Mrs./Ms. _____ Home Phone _____

Home Address _____

Employer/Occupation _____ Work Phone _____

Relation to student _____

- If there is an immediate concern for the welfare of your student, it is the parent's responsibility to make sure that the staff at Gloria Deo Academy is informed promptly.

Parent /Guardian Signature _____ Date: _____



Medical Information and Consent Form

Name of child's physician or clinic _____

Address _____ Phone _____

Name of medical insurance provider _____

Hospital preference _____

Consent to Medical Care and Treatment of Minor Child

I, _____, hereby give permission that my child, _____, may be given emergency treatment, to include first aid and CPR by a qualified staff member of Gloria Deo Academy. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize Gloria Deo Academy to take my child to a hospital, and I agree that I will pay all physician and hospital bills, and Gloria Deo Academy shall not be responsible for them.

Parent/Guardian Signature _____ Date: ____/____/____



Medication Authorization Form

Student's Name: _____

Father's Name: _____ Phone _____

Mother's Name: _____ Phone _____

- Do not dispense medication without verbal consent.

My child is allowed to take the following medication as needed:

- Tylenol / Acetaminophen
- Advil / Ibuprofen
- Benadryl
- Tums
- Cough drops
- Antibiotic ointment (Neosporin)
- Anti-itch cream

Medication/Dose child takes regularly:

Reason

Allergies (Medication/Food/Contact):

Reaction

Special Instructions:

Parent/Guardian Signature _____ Date: _____



Academic Information

Previous School Information (Please include preschool.)

Name of School	Grades	Reason for Leaving

Has your child ever failed or repeated a grade? _____ If yes, which grade? _____
Please explain: _____

Has your child ever skipped a grade? _____ If yes, which grade? _____
Please explain: _____

Has your child ever been suspended or expelled? _____ If yes, please explain: _____

What concerns do you have regarding your child's current progress (academic, social, behavioral, physical)?

Has your child been tested, diagnosed, or enrolled in any special education program or classes (including gifted)? _____ If yes, please explain: _____

Does your child have any medical conditions that may affect their school experience? _____
If yes, please explain: _____

What are your child's current extracurricular activities (band, sports, theater, etc.)?



Illness Policy and Photo Release

Please initial each blank and sign.

Name of Student: _____

Illness of Children

_____ I acknowledge that my child will not be admitted to Gloria Deo Academy if he/she has been ill within the last 24 hours, including but not limited to a fever higher than 100, nausea, vomiting, diarrhea, lice/nits and/or other potentially communicable illnesses. I also acknowledge that if my child becomes ill during the school day, it is my responsibility to arrange for their pick up as soon as possible when notified by the staff.

Photograph Release

_____ Throughout the school year, there may be times when Gloria Deo Academy staff or other organizations may take photographs of students, audio/videotape students, or interview students for school related stories in a way that would individually identify a specific student. Those photographs and/ or videotaped images or interviews may appear in school publications, on the GDA website, or authorized school networking sites such as Facebook, in the news media, or in other organizations school related stories or articles. I hereby grant GDA permission to use my child's photograph and/or videotaped image or interview for the purposes previously mentioned. I understand and agree that GDA may use these photos in subsequent school years unless I revoke this authorization by notifying the Head of School in writing. I further grant permission to permit my child to be photographed, audio/videotaped, or interviewed by other organizations for school related stories or articles.

Parent/Guardian Signature: _____ Date: _____



Additional Information

Names and ages of siblings:

Name	Age	Date of Birth	Current Grade or Year Entering Kindergarten	Attends GDA (Y/N)

Is child adopted? _____ Have there been any deaths in the family? _____

If yes, please explain:

Please list any gifts or talents you would be willing to share from time to time with the school:
