



APPLICATION FOR ADMISSION

GREECE CHRISTIAN SCHOOL

A ministry of Greece Assembly of God

750 Long Pond Rd., Rochester, NY 14612

phone- (585)-723-1165 fax- (585)-723-8241

www.greecechristian.org

INSTRUCTIONS: Please fill out the following information. Accuracy is important for school records. If a question is not applicable to you, then please draw a line through the space for the answer. By following these directions, it will assure the office that you have not omitted anything.

1. Student's Full Name _____
Last First Middle Initial
2. Age _____ 3. Male _____ Female _____ 4. Ethnicity _____ 5. Race _____
Hispanic/Not Hispanic AI,A,PI,B,W
4. Date of Birth _____
Month Day Year
5. Birth Place _____
City State Country
6. Present Address _____
No. Street City State Zip
7. School District _____
8. Home Phone _____ Mother's Work _____ Mother's Cell _____ Father's Work _____
Father's Cell _____ Preferred Email _____
- Emergency Contact (give name and phone number) _____
- Other (give name and phone number) _____

Family Information

1. Father's Name _____
2. Address _____
3. Phone Number _____
4. Place of Employment _____
5. Mother's Name _____
6. Address (if different) _____
7. Phone Number _____
8. Place of Employment _____
9. Marital Status: Married _____ Divorced _____ Separated _____ Single _____ Widowed _____

10. Who child is living with: Parents _____ Other _____ If other, please provide information below.

Relationship to child _____

Name _____ Phone Number _____

Address _____

Place of Employment _____

11. Church Attending: _____ Pastor _____ Phone Number _____

Years you've attended _____ Are parents current members? _____

Parent's church attendance: () weekly () frequently () infrequently

Student's church attendance: () weekly () frequently () infrequently

GCS enrolls not only students, but families as well. In case the school should need further information, I want the school to contact the following people as references:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Have you read the Philosophy, Purpose, Goals, and Statement of Faith of Greece Christian School, and are you willing to support these foundational aspects of our educational and spiritual program? () Yes () No

Why do you want to have your child in a Christian school?

Why have you selected GCS for your child's education?

Educational Information:

1. Grade applying for _____

2. Did your child attend: Nursery/Preschool _____ Name of School _____

Kindergarten _____ Name of School _____

3. Name of Present School _____

4. Address of Present School _____

5. District _____ 6. Is it likely that your child will attend our school for a full year? _____

7. Reason for changing from last school _____

8. Previous School(s) Attended:

Name of School	Address of School	Dates Attended	Grades Attended

9. Please attach a copy of last report card to this application.

10. Please mark academic support services child has received: IEP ___ SOM ___ ESOL ___ Other ___
Please specify _____

Personal information

1. Ever dismissed or suspended from any school? _____ Explain _____

2. Any unusual factors in the child's life? _____

3. If child is not living with his/her mother and father, please explain present home condition. _____

4. What outstanding ability does the child possess (physical, mental, artistic, musical)? _____

5. What are the child's main interests or hobbies? _____

6. Does the child have any physical handicaps which may effect his/her activities or progress? _____

7. Draw a circle around one of the four (4) figures. 1 means high, 2 means average, 3 means low, and ? means you are not sure. Consideration should be given for the age group of which your child is a part.

I. SOCIAL

- 1 2 3 ? Gets along with parents
- 1 2 3 ? Gets along with brothers and sisters
- 1 2 3 ? Interacts well with other children
- 1 2 3 ? Kind and thoughtful of others
- 1 2 3 ? Shares with others
- 1 2 3 ? Polite

II. EMOTIONAL

- 1 2 3 ? Happy
- 1 2 3 ? Calm
- 1 2 3 ? Free from nervous habits
- 1 2 3 ? Sense of humor
- 1 2 3 ? Free from temper tantrums

III. WORK HABITS

- 1 2 3 ? Works hard
- 1 2 3 ? Orderly and neat
- 1 2 3 ? Works well with others
- 1 2 3 ? Works well independently
- 1 2 3 ? Self motivated

8. Indicate here any particular challenges to be watched for by his/her teacher or school staff. _____
9. Add any additional information that you feel would be helpful to us. _____
10. Do you intend for your child to continue in this school after this grade? _____

To Parents or Guardians:

This application will be kept confidential. This information will be reviewed by the GCS Admissions Review Committee which shall give final approval for acceptance into the school. Transportation and uniform ordering forms will be given to you at that time.

Greece Christian School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities made available to students of the school. It does not discriminate on the basis of race, color, national, and ethnic origin in the administration of its education policies, admission policies, or any school administered programs.

For Office Use Only

Date Application Received _____

Registration Paid _____

Health Record Received _____

Accepted _____

Transcripts _____ Received _____

Grade _____

Parents and Students Comments _____

Interviewed by _____

NEW STUDENT ENROLLMENT PROCEDURE

1. Review the material found in your new student application packet.
2. Complete an Application for Admission for each student being enrolled.
3. Give the Pastor's Form to the pastor of your church. It must be returned to Greece Christian School before enrollment can be finalized.
4. **The following forms must be turned in with the application:**
 - a. Tuition Worksheet (one per family)
 - b. Parental Agreement (one per family)
 - c. Authorization for Release of Information - students entering grades 1-8
 - d. Kindergarten Registration Information (yellow) - students entering kindergarten
 - e. Student Health Services form (green) - all students
 - f. Copy of Birth Certificate

Note: the Physical Examination Form (pink) must be turned in prior to the first day of school. Students entering GCS from a **Greece Central School District school** do not need to turn in this form **unless the student is entering grades K, 2, 4, or 7.**

5. An enrollment fee per student must be turned in with the above paperwork. A student can only be officially enrolled after the fees have been paid. Entrance tests will be administered to kindergarteners, students who are functioning below grade level, students enrolling from a non-accredited school, and home school students. Final grade placement will be determined by the school once all information is received.

You will receive a transportation application as soon as the enrollment forms and fees have been received by the GCS office. It should be completed immediately, in order to comply with school district deadlines.



GREECE CHRISTIAN SCHOOL STATEMENT OF FAITH

We believe:

The Bible is the inspired and only infallible and authoritative written Word of God. (2 Timothy 3:15-17; 1 Thessalonians 2:13, 2 Peter 1:21)

There is one true God, eternally existent in three persons: God the Father, God the Son, and God the Holy Spirit. (Deuteronomy 6:4; Matthew 28:19, Luke 3:22)

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, in His bodily resurrection, in His ascension to the right hand of the Father, in His personal future return to this earth in power and glory to rule a thousand years. (Matthew 1:23; Hebrews 7:26, Acts 10:38; 1 Corinthians 15:3; Matthew 28:6; Philippians 2:9-11; Revelation 20:1-6)

In the blessed hope – the Rapture of the church at Christ's coming. (Romans 8:23; 1 Corinthians 15:51-52; 1 Thessalonians 4:16-17)

The only means of being cleansed from sin is through repentance and faith in the precious blood of Christ. (Luke 24:47; John 3:3; Romans 10:13-15; Titus 2:11, 3:5-7)

Regeneration by the Holy Spirit is absolutely essential for personal salvation. (Ephesians 4:24; Titus 2:12)

In water baptism by immersion. (Mark 16:16)

The redemptive work of Christ on the cross provides healing of the human body in answer to believing prayer. (Isaiah 53:4-5; Matthew 8:16-17; James 5:14-16)

The baptism in the Holy Spirit, according to Acts 2:4, is given to believers who ask for it. (Acts 8:12-17; 10:44-46; 11:14-16; 15:7-9)

In the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a holy life. (Romans 12:1-2; 1 Thessalonians 5:23; 1 Peter 1:16; Galatians 2:20)

In the resurrection of the saved and the lost, the one to everlasting life and the other to everlasting damnation. (Matthew 25:46; Mark 9:43-48; Revelation 19:20; 20:11-15; 21:8)



GREECE CHRISTIAN SCHOOL PARENTAL AGREEMENT

Tuition Payment

The school has a financial obligation to its employees, students are considered enrolled for the entire school year. Tuition is calculated on the basis of the entire year; therefore, no reductions can be made for vacations or school holidays. If a student enters after the school year has begun, charges are pro-rated according to the actual number of days enrolled. No deductions will be made for tuition during the school year, regardless of the cause of such absence. All accounts must be paid in full at the end of each quarter to receive report cards or transcripts.

Discipline

I understand that sending my children to Greece Christian School is a privilege and not a right. The goals of the school are not to reform, but to train Christian youth in the highest principles of Christian leadership, self-discipline, individual responsibility, personal integrity, and good citizenship. I also believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations and school policies in a manner consistent with Christian principles on doctrine as set forth in the Scriptures. This may include such measures as instruction, exhortation, correction and rebuke. Although we believe that the Bible does allow the "rod of correction", GCS will not administer but will leave this up to the parents or guardian.

Transportation Permission

I hereby give my permission for GCS to transport my child, provided the driver has liability insurance in force, has a valid state driver's license, and there is a current state inspection sticker on the vehicle. I relieve the school and any representative of the school of all responsibility in case of accident or injury. I understand the school provides only general supervision.

Health Screening

I give permission for my child to participate in the physical health fitness screening to determine height, weight, vision, hearing, and scoliosis screening.

Observation/Evaluation Consent

I hereby give permission for counseling, observation, and instruction to be provided for my child by personnel designated/approved through the school administration. These may include volunteers, intern, substitute teachers, or nurses. Permission is also granted for the administration of tests to assess appropriate academic levels according to individual student needs. No placement changes will be made prior to parental/guardian approval.

Withdrawal Notice

I agree that should I choose to withdraw my child, whether before the school year begins or during the year, I will make an appointment with a school official and sign the formal withdrawal form. I understand that if I withdraw my child after the first month, I will remain responsible for the complete month's tuition.

Lockers/Desks

I understand that lockers and desks are property of the school and that the school has a right to open and search lockers. The school is not responsible for items that are lost, and assumes limited responsibility for items stolen or damaged.

Uniform Dress Code Policy

"...I thank God through Jesus Christ for you all..." (Romans 1:8) In this scripture, Paul was expressing his thanks for those he knew in the church at Rome. We also, at GCS, thank God for all you who have chosen to send your child(ren) to GCS. It is a privilege and an honor to have them in our care.

We are grateful for your support in the many administrative decisions we have to make in order to best meet the needs of all the students at GCS. One of those areas is the Uniform Dress Code Policy. We have developed a Uniform Dress Code Policy which we believe will enhance and help facilitate the academic and spiritual experience of your child here at GCS.

With your support and blessings, we know that the dress code policy will help and bless your child. Please know that the administration and teachers of GCS will be responsible for oversight and management of the policy. If a student is not following the dress code, a form will be sent home with the student that day to be signed by a parent and returned. Our heart's desire is to make you aware of the situation so it can be corrected. There may be a detention and/or suspension if there are repeated violations of the Dress Code. See dress code attachment for details.

Thank you! Many precious Christian blessings to you and your family.

This Parental Agreement will be in effect for as long as my child(ren) listed or others to be enrolled attend Greece Christian School, whether it be in Kindergarten, Elementary or Middle School.

I understand that should my marital status change, it is my responsibility to have a corrected Parental Agreement Statement signed and delivered to Greece Christian School.

I realize that the Christian school is an extension of me, the parent, and I pledge my prayerful support to the school administration and faculty. I will make every effort to work with the school personnel to insure the best possible learning experience for my child.

I have read and so understand the above information and request that my child be accepted to attend Greece Christian School.

Statement of Faith

I have read the Statement of Faith and recognize that this is the foundation of all Biblical teaching my child will receive at Greece Christian School.

Father's (Guardian's) Signature

Date

Mother's (Guardian's) Signature

Date

Name of Child (Oldest to Youngest):

Grade:

Name of Child

Grade:

Name of Child:

Grade:

Name of Child:

Grade:

Name of Child:

Grade:



Greece Christian School

750 Long Pond Road
Rochester, New York 14612
Phone (585) 723-1165 Fax (585) 225-5730

PASTOR'S FORM

Family's Name: _____
Pastor's Name: _____
Church Name: _____
Church Address: _____
Church Phone Number: _____

*Please have your pastor or priest fill out this questionnaire and return it to the school as a supportive document for your application.

Greece Christian School is a ministry of Greece Assembly of God. Both the church and the school are committed to serving the educational needs of the Body of Christ in this area. Therefore, we welcome students from various fellowships, economic levels, and ethnic backgrounds.

Greece Christian School was not founded just to get children out of public school. We believe God has something to say about all areas of life and all academic disciplines. We try to apply Christian principles in all areas of a student's life. We also try to expose the student to other ways of thinking, so he will be prepared to relate to people with non-Christian viewpoints.

We at Greece Christian School are committed to the need for a personal relationship with Jesus Christ, which includes the new birth and walking in the Spirit. We are committed to the Word of God as the inspired authority for faith and living the Christian life. We are evangelical and charismatic.

We recognize that Greece Christian School may teach doctrines, which are different from those held by the various churches which children attend. Obviously, we cannot be in agreement with everyone on everything. Many times, our differences are not of great significance, and we walk together without any major hindrance.

If you feel that the differences are significant or that the family would not benefit by attending GCS, please feel free not to recommend that a family place its children here. We respect your convictions and do not wish to undermine your authority or hinder your ministry to them. Generally, our policy is that we will not admit students whose pastor cannot recommend their attendance at GCS. If you have specific comments or questions concerning this, please feel free to call us, or note them in the space for comments.

1. Can you recommend this family to Greece Christian School? _____
2. How long has this family been affiliated with your church? _____
3. In your opinion, is this family committed to the Lord Jesus Christ? _____

4. Is this family submitted to pastoral care? _____

5. Family involvement in church: Attends Sunday A.M. _____

Attends Sunday P.M. _____

Attends Bible/Prayer Meetings _____

Attends Sunday School as family _____

Attends Sunday School _____

6. Check areas of ministry father holds in the fellowship:

Pastor _____

Teacher _____

Elder _____

Music Ministry _____

Deacon _____

Other _____

7. Check areas of ministry mother holds in the fellowship:

Teacher _____

Music Ministry _____

Deaconess _____

Choir _____

Other _____

8. From time to time families encounter difficulties with children's performance or behavior, or the family encounters health or financial difficulties, which affect the child's schooling. As pastor, are you or your assistants willing to work with us and pray accordingly should problems arise?

9. Comments:

Pastor's Signature: _____

When you have finished this form, please mail it to Greece Christian School, at 750 Long Pond Road, Rochester, NY 14612. If you have any questions, please call us at (585) 723-1165.
Thank you!



Create a FACTS Family Portal Login

In Chrome, Firefox, or Safari go to:

<http://www.greecechristian.org/parent-info/renweb.cfm> or

www.FACTSmgt.com > **Parent Log in** > **FACTS Family Portal** (ParentsWeb)

Family Portal Login > click on Create New Family Portal Account

District Code:

Email:

Create Account

Check your email for link to page to create your **User Name and Password**

Click to create your **Family Portal login** --> **Change/Create Password** > **Save**

----- Set-up a FACTS Tuition Payment Plan -----

On the Family Portal page (GC-NY; Family Portal Username; Password; Parent) go to:

Financial (left side) > *Financial Links* (right side) >

Financial Home (for returning families)

Set up a Payment Plan (for new families only)

Frequently Asked Questions

1. Is my information secure?

Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit FACTSmgt.com/Security-Compliance.

2. When will my payments be due?

Your payment schedule is chosen by you from one of the following options: the 1st, 15th, or last day of the month.

3. What happens when my payment falls on a weekend or holiday?

It will be processed on the next business day.

4. What happens if a payment is returned?

Returned payments are subject to a FACTS returned payment fee of \$30.00.

5. How do I make changes once my agreement is on the FACTS system?

Changes to your address, phone number, email address, or banking information can be made at online.FACTSmgt.com or by contacting Cindy Stever at GCS or FACTS. Any changes to payment dates or amounts need to be approved by GCS who will then notify FACTS. **All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.**

6. FACTS Parents Tuition Payment Help Line: 1-866-441-4637

Greece Central School District

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental	<input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	<input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type: _____	<input type="checkbox"/> Seizure Care Plan Attached Date of last seizure: _____
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes:
 Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m2 **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS PPD/ PRN <input type="checkbox"/> Positive <input type="checkbox"/> Negative Sickle Cell Screen/PRN <input type="checkbox"/> Positive <input type="checkbox"/> Negative		Date _____	Other Pertinent Medical Concerns One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle <input type="checkbox"/> Concussion – Last Occurrence: _____ <input type="checkbox"/> Mental Health: _____ <input type="checkbox"/> Other: _____	
Lead Level Required Grades Pre- K & K <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$		Date _____		
<input type="checkbox"/> System Review and Exam Entirely Normal				
Check Any Assessment Boxes <u>Outside</u> Normal Limits And Note Below Under Abnormalities				
<input type="checkbox"/> HEENT <input type="checkbox"/> Dental <input type="checkbox"/> Neck	<input type="checkbox"/> Lymph nodes <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Lungs	<input type="checkbox"/> Abdomen <input type="checkbox"/> Back/Spine <input type="checkbox"/> Genitourinary	<input type="checkbox"/> Extremities <input type="checkbox"/> Skin <input type="checkbox"/> Neurological	<input type="checkbox"/> Speech <input type="checkbox"/> Social Emotional <input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			Diagnoses/Problems (list)	ICD-10 Code
			_____	_____
			_____	_____
			_____	_____
			_____	_____

☐ Additional Information Attached

Name:			DOB:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9 And girls grades 5 & 7	Negative	Positive	Referral	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> Other Restrictions:				
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> Accommodations: Use additional space below to explain				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Brace*/Orthotic</div> <div><input type="checkbox"/> Colostomy Appliance*</div> <div><input type="checkbox"/> Hearing Aids</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Insulin Pump/Insulin Sensor*</div> <div><input type="checkbox"/> Medical/Prosthetic Device*</div> <div><input type="checkbox"/> Pacemaker/Defibrillator*</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Protective Equipment</div> <div><input type="checkbox"/> Sport Safety Goggles</div> <div><input type="checkbox"/> Other:</div> </div>				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				
IMMUNIZATIONS				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Record Attached</div> <div><input type="checkbox"/> Reported in NYSIS</div> <div>Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>				
HEALTH CARE PROVIDER				
Medical Provider Signature:				Date:
Provider Name: <i>(please print)</i>				Stamp:
Provider Address:				
Phone:				
Fax:				
Please Return This Form To Your Child's School When Entirely Completed.				

GREECE CENTRAL SCHOOL DISTRICT

STUDENT HEALTH SERVICES INFORMATION

Please fill out and return to the school nurse.

TO BE COMPLETED BY PARENT OR GUARDIAN

The following information concerning your child is requested in order to complete the Health Record of the school.

STUDENT'S LEGAL NAME _____

PHYSICIAN'S NAME _____

Please fill in the year that your child has had any disease or condition listed below:

Diseases

Chicken Pox _____	Blood Disorder _____
Elevated Lead Levels _____	Convulsions or Neurological Disorder _____
German Measles _____	Chronic Illness _____
Measles _____	Dental Problems _____
Mumps _____	Diabetes _____
Rheumatic Fever _____	Ear Problems _____
Scarlet Fever _____	Eye Problems:
Strep Throat _____	Corrective Lenses Yes <input type="checkbox"/> No <input type="checkbox"/>
Tuberculosis (TB) _____	Are lenses impact-resistant? Yes <input type="checkbox"/> No <input type="checkbox"/>
TB in Associates _____	When should glasses be worn?
Other _____	Boardwork <input type="checkbox"/> Paperwork <input type="checkbox"/>
	Phys. Ed./Sports <input type="checkbox"/> All the time <input type="checkbox"/>
	Loss of vision in one eye Yes <input type="checkbox"/> No <input type="checkbox"/>
	Visually impaired Yes <input type="checkbox"/> No <input type="checkbox"/>

Conditions

Accident, Injury, Hospitalization _____	Hernia _____ Repaired _____
Attention Deficit Disorder _____	Heart Defect _____
Allergy to (list):	High Blood Pressure _____
Food _____	Language/Speech Disorder _____
Insect _____	Learning Disability _____
Medicine _____	Loss/Impairment of one of paired organs:
Life-threatening? Yes <input type="checkbox"/> No <input type="checkbox"/>	(kidney, testicle) _____
If yes, are medications	Mental Health Diagnosis _____
needed for school? Yes <input type="checkbox"/> No <input type="checkbox"/>	Orthopedic Problems _____
Asthma _____	Scoliosis _____
Arthritis _____	Current Prescribed Medications:
Autistic Spectrum Disorder _____	Daily <input type="checkbox"/> As needed <input type="checkbox"/>
Behavioral Problem _____	Reason _____

LIFE-THREATENING CONDITION

My child has one of the following life-threatening conditions and will need an emergency care plan completed by the school nurse and myself with written guidance from our private physician. I understand that it is my responsibility to provide physician orders and any prescribed life saving medication to the school nurse. I understand that if my child needs to carry life saving medications, I must receive prior administrative approval and must provide a second dose in the school health office in the event my child misplaces the life saving medicine.

Please Specify:

Life-threatening allergy:

☐ Food _____

☐ Insect _____

☐ Medicine _____

☐ Asthma

☐ Diabetes

☐ Elevated Lead Levels

☐ Poorly controlled seizures

☐ Severe swallowing problems or choking

☐ Significant heart disease

☐ Other _____

SIGN HERE

PARENT/GUARDIAN SIGNATURE _____

DAYTIME PHONE NUMBER _____

DATE _____



Greece Christian School

Uniform Dress Code

Clothing Category	Style Requirements	Comments
Shirts	GCS polo shirts	Purchased through the school office with GCS emblem on them. Colors: White, Navy, Dark Green, Light Blue, Gray
Hoodies / Sweaters	GCS hoodie or cardigan sweaters	GCS hoodies are purchased through the school office. GCS polo shirts must be worn under sweaters and hoodies. Colors: Navy, White, Light blue.
Pants	See Comments	Uniform style pants must be worn in a comfortable and loose, but not sloppy, manner. Cargo, yoga pants, tights, sweatpants, jeans, jeggings, or ripped styles not allowed. While most stores sell Uniform pants, Stretch (ie. leggings or tights) are not permitted. Colors: Navy, Khaki, Black
Footwear	Shoes sneakers/sandals	Socks or stockings must be worn with all footwear. Not allowed: shoes that leave marks on the floor, heels higher than 2", heeled sandals without backs, and winter boots in school.
Shorts/Skorts	See Comments	Shorts/Skorts must be worn in a comfortable and loose, but not sloppy, manner. Must not be shorter than 1" above the knee. Kindergarten through 3rd grade only. Colors: Navy, Khaki, Black
Jumpers/Skirts	Uniform	Must not be shorter than 1" above the knee. Slits on skirts/jumpers should be no more than 2 inches in length. Leggings will be allowed only with jumpers/skirts. Colors: Navy, Khaki, Black
Hair	See Comments	No extreme colors or styles. School administration reserves the right to deem certain hairstyles inappropriate.
Make-up	See Comments	Make-up must be light and blended to complement the girl's natural skin and hair tones (no "goth", "punk", etc.). Light colored nail polish - no black or purple, etc.
Concerts/Graduation	Dress	Girls must wear a jumper, skirt or dress. Jumper or skirt must be worn with a blouse. Item must be no more than 1" above the knee. Where item has slits: the slit length must be no more than 2" in length. Dress shoes required. All clothing must conform to GCS standards of modesty and decency. Sleeveless or "spaghetti" strap dresses or tops are not permitted.
Gym	Uniform	Gym uniform for grades 3-8 are ordered through the school office; royal blue shorts (mid-thigh or longer) or loose fitting royal blue sweat pants with a solid gray t-shirt with GCS logo or royal blue sweatshirt with GCS logo. Kindergartners through second grade are not required to wear gym uniform.
Accessories	See Comments	Jewelry permitted includes delicate necklaces, bracelets, rings, no more than two earrings per ear (girls), and watches. Not allowed include: large dangling jewelry, ankle bracelets, hats, scarves, gloves, vests and body piercings.
Casual Dress Days	See Comments	Students are expected to wear clothes that are in good repair (no holes or ripped-out knees) and are modest fitting. Only Christian or GCS-sponsored t-shirts are acceptable. Sleeveless shirts are not permitted.

Please label each article of your child's clothing, using permanent marker, with his name or initial.

GCS administration and faculty reserve the right to interpret the above Uniform Dress Code in a way that is consistent with the GCS Mission and Purpose and Scriptural standards of decency and modesty. The GCS administration and School Council further reserve the right to modify the above Uniform Dress Code throughout the school year as deemed necessary to accomplish this.

GREECE CHRISTIAN SCHOOL

750 Long Pond Road
Rochester, NY 14612
(585) 723-1165

AUTHORIZATION FOR RELEASE OF INFORMATION

To: _____

You are hereby authorized to release to Greece Christian School the information indicated below pertaining to:

Name of Student Date of Birth Grade

Name of Student Date of Birth Grade

Name of Student Date of Birth Grade

Home Address

Reason for release: _____

Permanent Record Information _____

Health Record Information _____

Psychological Reports _____

Other (explain):

1. _____

2. _____

3. _____

YES

NO

Information required by: _____
Date Signature Parent/Guardian Date

Signature of Principal Date

Please forward all information to the address at the top of the form. Thank you!