

3309 Shell Rd. Georgetown, TX | (512) 868-9903 www.GeorgetownChristianAcademy.org www.GCAGTX.org

2nd-5th Grade APPLICATION CHECKLIST

PLEASE RETAIN THIS CHECKLIST FOR YOUR OWN RECORDS

All material must be completed and submitted in order for new students to be considered for enrollment.

	1. :	Application fee is \$50 Applications must be handed in to the office or emailed to admissions@gcagtx.org Submit fee to the office (We accept check or PayPal via website) Our office will confirm receipt of application and fee via email			
	2.	2. SUBMIT A PARENT STATEMENT INTRODUCING YOUR STUDENT TO US			
	0	Email the document to admissions@gcagtx.org			
	3.	REQUEST AT LEAST ONE (1) LETTER OF RECOMMENDATION FROM A TEACHER OR PASTOR/YOUTH LEADER Submit referral/recommendation to admissions@gcagtx.org for grades 2nd-5th Referral/recommendation must be from a current core teacher, current pastor or youth leader			
	4.	REQUEST THAT GRADES/REPORT CARDS BE SENT FROM THE STUDENT'S SCHOOL We require grades/report cards from the prior year before enrollment for grades 2nd-5th (if applicable) Use attached form to request grades from student's current school			
	5.	OUR OFFICE WILL REACH OUT TO SCHEDULE AN EVALUATION ONCE ALL APPLICATION STEPS & FEE IS RECEIVED			
C	ЭM	PLETED APPLICATION STEPS:			

- Upon completion of the Application Process notification of acceptance, denial or wait-list will be emailed to each parent/guardian of student
- Upon Acceptance, the Enrollment Fee will be required and Registration will be completed through the FACTS Online Portal
 - Notification of how to enroll will be sent via email

GRANT AID:

Financial Aid is available to qualified families and is administered by FACTS Management.
 Applications will be accepted beginning March 1st with awards throughout the summer.



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2nd-5th Grade APPLICATION FOR ENROLLMENT

Please submit this Application for Enrollment to the school office with the \$50 Application Fee.

Student Information						
Today's Date:/ Application for Grade: School Year: \[\sum 2023-2024 \] \(\sum 2024-2025 \)						
Student's Name (Last, First, MI):						
Date of Birth://						
Street Address:						
City:, State: Zip:						
Current School:						
Does your child currently have any 504 Modifications/Special Ed/IEP? No Yes, please provide a copy						
Does applicant have a sibling currently enrolled in Georgetown Christian Academy? No Yes						
Name of Sibling: Age/Grade:						
Parent/Guardian Information						
Name of Parent/Guardian 1:						
Relationship: Father Mother Other:						
Address (if different from student):						
City: , State Zip:						
Home Phone #: Daytime Phone #:						
Email Address:						
Name of Parent/Guardian 2:						
Relationship: Father Mother Other:						
Address (if different from student):						
City: Zip:						
Home Phone #: Daytime Phone #:						
Email Address:						
Student Resides with:						
☐Both Parents/Guardians ☐ Parent/Guardian 1 ☐ Parent/Guardian 2						
Other(s) (Please give name and relationship):						
I heard about this school through:						
Friend School Website Internet (which site):						
Facebook Sibling Other:						



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ATTENTION: PARENTS/GUARDIANS

Please provide copies of this page to individuals who will write your letter(s) of recommendation. Recommendation letters are only required for incoming 2nd-5th graders.

ATTENTION: DEAR SCHOOL OFFICIAL/COMMUNITY REPRESENTATIVE/CHURCH MEMBER

Dear School Official/Community Representative/Church Member,				
Your student,, has applied for Georgetown Christian Academy this school year.				
In order to consider and evaluate all students fairly, we request that you submit at least one letter of recommendation. Your comments should be detailed and specifically addressed, but need not be limited to, the following:				
 Does the student perform up to his/her academic ability? Provide you the student's actions in the academic environment. 	our observations of			
What leadership qualities does the student demonstrate? Please gives	e specific examples.			
 Describe the student's involvement in the community, civic, church related activities. 	, or other service-			
Please address the three areas cited above, to the best of your ability, based on your personal experience with the student. Please comment on the student's work ethic, dependability, spiritual development, and anything else you believe would be beneficial in painting a positive portrait of the student.				

Recommendation letters may be emailed to admissions@gcagtx.org

Blessings, GCA Team



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ATTENTION: PARENTS/GUARDIANS

	lirected to the registrar/transcri						
Students Name:	Birthdate:	Current Grade:					
I,(parent/guardian), grant permission for a copy of my child's transcripts to be sent to Georgetown Christian Academy.							
Parent/Guardian Signatu	re I	Date					
ATTENTION: RECORDS/TRANSCRIPT							
The above-named child has applied to Georgetown Christian Academy. Please email or fax COPIES of the following records:							
 X PEIMS State ID # X Birth Certificate X Health Records X Social Security Card 	 X Achievement Test Results X Mental Ability Test Results X TAAS/TAKS/STAAR Scores X Psychological Evaluation *Including Full and Individual Evaluation 	_X_ Discipline/Attendance Records _X_ Special Education Records _X_ Verification of Special Programs *Including Bilingual, Title 1 or other reading programs, Gifted/Talented, Migrant*					
Georgetown Christian Ac Admissions Office: 3309 Shell Rd. Georgetown, TX 78628	ademy						

P: (512) 863-9903 F: (512) 868-9945

Email: emily@gcagtx.org

Thank you, Emily Palacios Office Administrator



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STUDENT INTRODUCTION

Please write a brief paragraph introducing your child to us. Tell us the following about the student: Why do you think your student would benefit attending Georgetown Christian Academy? List student's strengths and weaknesses, and any other information you believe would be beneficial for GCA to know about the student.

Introductions may be typed in the text-box below or emailed to admissions@gcagtx.org