Grace Christian School

2026-2027 Application

Tuition $1800.00 per year
1st through 12th Grade

I _____ parent of _____understand that there is an additional cost for my student to be registered for the S.O.A.R. program at Grace Christian School. I also understand the cost is in addition to my student's regular tuition at GCS.

Signature: _____Date: _____

(Please note, this is an application only. This does not guarantee your child a spot in the SOAR program. The application will be reviewed and one of our SOAR Directors will contact you regarding any questions or additional documentation needed.)

Student Name: _____ Date: _____

Age: _____ Grade: _____ Male / Female

Parent Name: _____

Phone Number ( ) _____

Email: _____

Preferred Method of Contact:_____

Language Spoken at Home: _____

Student diagnosis (Please list all): _____

_____

When was the student diagnosed? _____

Is your child currently taking any medications related to this diagnosis? Yes / No

Name of Medication/Dosage: _____

Current IEP or 504 Plan? Yes/ No

Date IEP/504 was developed: _____

Which academic/social areas does your child struggle with the most?

_____

_____

What are your child's strengths? Areas they excel at?

_____

_____

_____

Is your child currently receiving any outside services? (i.e. - Behavioral therapy, speech therapy, physical therapy, reading tutoring etc…) **Yes / No**

If yes, please list name of the services and how often the student participates:

_____

_____

_____

Student Interests: (*We are often looking for activities that the student enjoys to incorporate as classroom reinforcers*.)

_____

_____

_____

Please list any food allergies your child may have: *(Food may be used as a teaching tool in the classroom.)*

_____

_____

Additional comments or concerns:

_____

_____

_____