

# GENESEE COUNTRY CHRISTIAN SCHOOL

4120 Long Point Road  
Geneseo, New York 14454

## Application for Admission

School Year 20\_\_\_\_ - 20\_\_\_\_

Date \_\_\_\_\_

### Student Information

Full name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade entering \_\_\_\_\_

Public school district student resides in \_\_\_\_\_

Last school attended \_\_\_\_\_

Address \_\_\_\_\_

### Family Information:

Father's Name \_\_\_\_\_ Work or cell phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work or cell phone \_\_\_\_\_

### Persons to be contacted if parents cannot be reached:

1.	Name	Phone	Relationship	2.	Name	Phone	Relationship
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Siblings' Names	Age	GCCS: Yes	No
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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**Genesee Country Christian School  
Financial Commitment Form  
2010-2011 School Year**

Father's Name \_\_\_\_\_  
Employer and Work Telephone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Employer and Work Telephone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Code

Home Telephone \_\_\_\_\_ Application Date \_\_\_/\_\_\_/\_\_\_

Child(ren)'s Name(s)  
\_\_\_\_\_  
\_\_\_\_\_

I (We) plan to use the following tuition payment plan to meet my (our) obligation to Genesee Country Christian School. I (We) understand that failure to meet this obligation in a timely manner may result in my (our) child(ren) being asked to withdraw from the school.

Choose one:

11 equal monthly payments of \$ \_\_\_\_\_. (Aug. 1st - June 1st)

Semi-annual payments of \$ \_\_\_\_\_. (Aug. 1st & Jan. 5th)

One annual payment of \$ \_\_\_\_\_. (Due August 1st)

Payments are due the first of each month. **A late fee of \$15.00 will be charged to your account for payments received after the 10th.**

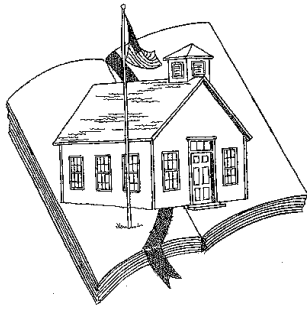
Signature \_\_\_\_\_  
Parent or Guardian Parent or Guardian

Signature \_\_\_\_\_  
Principal Date

## Individual Needs Questionnaire

To help determine how we can best meet your child's total educational needs it is important that we ask a few questions related to your child's school history. By answering the following questions you can provide valuable information that will help us as we consider placement options for your child. If you have any questions or concerns regarding these questions, please feel free to contact us.

1. Has your child ever skipped a grade? \_\_\_\_\_ If so, what grade? \_\_\_\_\_
2. Has your child ever participated in enrichment or gifted education programs? \_\_\_\_\_  
If so, in what areas? \_\_\_\_\_
3. With which aspects of your child's education have you been most satisfied? \_\_\_\_\_  
\_\_\_\_\_  
Least satisfied? \_\_\_\_\_
4. Has your child ever repeated a grade? \_\_\_\_\_ If so, what grade? \_\_\_\_\_
5. Has your child received remedial reading, writing or math services in the last two years?\_\_  
If so, which services? \_\_\_\_\_
6. Has your child ever demonstrated behavioral difficulties at school? \_\_\_\_\_ If so, please describe. \_\_\_\_\_
7. Has your child ever been evaluated by  
school psychologist \_\_\_\_\_ speech/language specialist \_\_\_\_\_  
learning disabilities specialist/resource teacher \_\_\_\_\_
8. Has your child been referred to the public school district's Committee on Special Education?  
\_\_\_\_\_ If so, what was the outcome of the referral?  
\_\_\_\_\_
9. Has your child ever received special education services either in the public school or through a BOCES? \_\_\_\_\_ If so, what type of service? \_\_\_\_\_
10. Does your child have any other special needs, talents or abilities that we should be aware of as we consider his educational program?  
\_\_\_\_\_



**Genesee Country Christian School**  
4120 Long Point Road  
Geneseo, New York 14454

Phone: 585-243-9580  
Fax: 585-243-5604

**Authorization for Release of Information**

To \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please forward the school records of:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

who has/have registered at Genesee Country Christian School for the current academic year. Please send us the transcripts, health records, standardized test results and records of any psychological testing you may have. Thank you.

Sincerely,

Susan G. Teitsworth, Principal

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# Student Health History

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Has the Student ever had? *(Date all that apply)*

Illness	Date	Illness	Date	Illness	Date
Chicken Pox		Bronchitis		Convulsions	
Whooping Cough		Tonsillitis		Epilepsy	
Diphtheria		Tuberculosis		Gonorrhea	
German Measles (3 Day)		Contact with T.B.		Syphilis	
Measles (regular)		Diabetes		Kidney Disease	
Mumps		Heart Disease		Hepatitis	
Strep Throat		Polio		Mononucleosis	
Scarlet Fever		Asthma		Sickle Cell Trait	
Rheumatic Fever		Hay Fever			
Pneumonia					

Does the Student now have? *(Check all that apply)*

Persistent Cough		Eating Problems	
Frequent Sore Throat		Special Diet	
Four or more Colds Yearly		Difficulty walking	
Allergies in General		Difficulty with Coordination	
Allergies to Penicillin		Dizziness	
Allergies to Bees or Wasps		Fainting Spells	
Allergies to Foods		Migraine or Severe Headaches	
Other Allergies (explain)		Severe Menstrual Problems	
Eye Condition		P.E. Restrictions	
Wears Glasses		Dental Defects	
Other Eye Condition (explain)		Tiring Easily	
Chronic Illness		Regular Medications (explain)	

Please explain any of the above conditions: \_\_\_\_\_

Prenatal and Neonatal history: \_\_\_\_\_

Major accidents or injuries: \_\_\_\_\_

Hospitalizations, surgeries, or serious illnesses: \_\_\_\_\_

Other health problems: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

(To Be Completed by Examining Physician)

Student's Last Name First Name Middle

Birth Date Age Grade

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Urinalysis: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Vision \_\_\_\_\_  
Abnormalities: Sugar \_\_\_\_\_ Albumin \_\_\_\_\_ Vision – near point \_\_\_\_\_  
Immunizations: Complete \_\_\_\_\_ Incomplete \_\_\_\_\_ Vision with glasses/ \_\_\_\_\_  
Contacts \_\_\_\_\_

**Immunization Documentation Attached \_\_\_\_\_**

Hearing \_\_\_\_\_

***Are there any irregularities of the following systems?***

General Appearance _____	Heart _____
Nutrition _____	Lungs _____
Skin _____	Genito-urinary _____
Head _____	Musculo-skeletal _____
Eyes _____	Neuro-psychiatric _____
Ears _____	Gastro-intestinal _____
Lymph Nodes, Thyroid _____	Metabolic-endocrine _____
Nose, throat, teeth _____	Hernia _____

Special needs/considerations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Prescribed medications/treatments? Name and describe: \_\_\_\_\_

To be taken at home \_\_\_\_

To be given at school \_\_\_\_

If medication is to be given at school: Name of medication, dosage and time to be dispensed:

Are there any restrictions that would prevent this student from participating in normal school activities, including physical education?

No \_\_\_\_\_ yes, please explain \_\_\_\_\_

**Physician's Signature**

**Date of Physical**

**Address**

**Telephone**

# **Transportation Information**

Students attending private schools are entitled to busing from their public school district when they meet the following requirements:

1. The student's home is no more than 15 miles from the private school.
2. A written request for transportation has been made to the superintendent of the public school in which you reside no later than April 1<sup>st</sup>.

Additionally, if a bus is already transporting students from a district, others may ride even if their home exceeds the distance requirement. A written request submitted before the April 1<sup>st</sup> deadline is still required.

Please see the next page for a copy of a suitable transportation request form. Also please note; this form is to be mailed to the superintendent of the public school in which you reside, not Genesee Country Christian School or the bus garage. It is also important to include the full name, address, and grade to be entered for each child that needs transportation.

# Request for Bus Transportation

School Year 20\_\_\_\_ - 20\_\_\_\_

Name of Parent(s)/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Work \_\_\_\_\_

School Requested: Genesee Country Christian School  
4120 Long Point Road  
Geneseo, New York 14454

## CURRENT SCHOOL HOURS

Time School Begins: 8:30 AM

Time School Ends 12:10 PM  
*(Kindergarten)*

Time School Ends: 3:15 PM  
*(First – Sixth Grades)*

List of children by name, age, grade (coming year) who will require transportation

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\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of request