



Growing In Grace Preparatory School
 5270 Babcock Street NE #31
 Palm Bay, Fl. 32905
 321.327.8864 (Office)
 321.423.5811 (Cell)
 Email: GrowinginGraceprep@gmail.com
www.growinginGraceprep.com

2024-2025 APPLICATION FORM

FAMILY INFORMATION

Father's Name: _____
 Address: _____
 City/State: _____ Zip: _____
 Phone(home): _____ Phone(business): _____
 Employer: _____ Position: _____
 Marital Status: Married () Divorced () Widow () Separated ()
 Mother's Name: _____
 Address: _____
 City/State: _____ Zip: _____
 Phone(home): _____ Phone(business): _____
 Employer: _____ Position: _____
 Marital Status: Married () Divorced () Widow () Separated ()
 Children in family of school age if not applying:
 Name: _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 Reason they are not applying: _____

STUDENT INFORMATION

Name: _____
 Address: _____
 City/State: _____ Zip: _____
 Age: _____ Sex: _____ Birth Date: _____ Birthplace: _____
 Does Student live with both parents: Yes () No (), If not, with whom: _____
 Last School Attended: _____
 Address: _____
 Last Grade Completed: _____

RELIGIOUS INFORMATION

Church Attending: _____
 Address: _____
 Pastor: _____ Phone: _____
 Father: Christian? Yes () No ()
 Mother: Christian? Yes () No ()
 Has applicant ever made a profession of faith in Christ? Yes () No ()



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SCHOLASTIC INFORMATION

Has the student ever been expelled, dismissed, suspended, or refused admission to another school?
 _____ If yes, explain: _____

Has student ever had disciplinary difficulty at school? _____
 If yes, explain: _____

Does student have a juvenile or arrest record? _____
 If yes, explain: _____

Has student ever used tobacco or nonprescription drugs of any kind? _____
 If yes, explain: _____

Please indicate academic level of student's previous work:
 Excellent _____ Good _____ Average _____ Poor _____

MEDICAL INFORMATION

Family Physician: _____

Address: _____

City/State: _____ Zip: _____ Phone: _____

Does student have any physical disabilities? _____ Explain: _____

Is student currently on any prescription medication? _____

If so, name and dosage: _____ Why: _____

Does student have any allergies? _____ Type: _____

Has student received immunizations? DTP/DTaP/DT/Td _____

Polio _____ MMR _____ Varicella _____

Hepatitis B _____ ALL MEDICAL REPORTS MUST BE ATTACHED

GENERAL INFORMATION

How did you hear about this school?: _____

Reason for selecting this school?: _____

Application must be filled out completely before it can be processed.
 Application, Registration, and Testing Fees of \$ _____ must accompany Application and are not refundable. An interview with the parents and the student will be required before final acceptance.

 Signature of Father

 Signature of Mother

 Date

 Date