



Green Pastures Christian School

"Quality Education in a Christian Environment"

Application Fee \$ _____

Testing Fee \$ _____

Enrolling Fee \$ _____

Student Application

Please fill out this application accurately and completely. Failure to provide complete and accurate information may hinder the student's acceptance or continued matriculation once accepted. If any information on this form changes, please update it immediately.

Date _____ Grade Level _____ Phone No. _____

Student's Name _____ Social Security # _____

Age _____ Date of birth _____ Place of birth _____ Sex: Male Female

Place of Birth _____

Father's Name _____ Social Security # _____

Mother's Name _____ Social Security # _____

Last School Attended _____ Grade Level(s) _____

Address of School _____ Phone # _____

Reason for Leaving _____

HR Teacher _____ Counselor _____

Student's grades have been: Superior Above Average Average Below Average

Has student failed any grades? No Yes Which grade(s)? _____

If yes, please explain: _____

Has student ever been suspended or expelled from previous school(s)? No Yes

If yes, please explain: _____

Has student ever been evaluated for or diagnosed with any physical, emotional, psychological and/or learning disabilities? No Yes

If yes, please explain: _____

Does this student require any special help to meet academic requirements? No Yes

If yes, please explain: _____

Reason for choosing Christian education: _____

Reason for choosing Green Pastures Christian School: _____

Church You Attend: _____ Location _____

How Long? _____ Member Non-member Pastor _____

Church Activities: _____

After completing this application, please return to:

GREEN PASTURES CHRISTIAN SCHOOL

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