

Gateway Christian Academy Enrollment Application

Attached is the reenrollment application for the 2026-27 school year. If your child(ren) intends to return to Gateway Christian Academy, please complete this form and return it to school no later than April 24, 2026 to secure their spot.

Student Information:

Student Legal Name: _____

Birthday: _____ Race/Ethnicity: _____

Current Grade: _____ Grade for 2026-27: _____

Last School Attended: _____

Home Address: _____

Mailing Address: _____

Allergies/Health Concerns: _____

Home Church/Pastor: _____

2026-27 Scholarship Award ID: _____

Education Information:

Has the child failed? If so, what grade?: _____

Does the child have an IEP, ISP, or 504 plan? _____

Has the student ever been suspended, expelled from school, or placed on a behavior plan? _____

Is the child in good standing and eligible to re-enter their current school at the next grade level? _____

Do you have any academic concerns for your child?

Parent Information:

Mother/Guardian Name: _____

Address (If different than above): _____

Email: _____

Employer: _____

Cell Number: _____ Work Number: _____

Father/Guardian Name: _____

Address (If different than above): _____

Email: _____

Employer: _____

Cell Number: _____ Work Number: _____

Other Information

How did you hear about us? _____

Why do you want your child to attend Gateway Christian Academy?

Parent Signature _____ **Date:** _____