

APPLICATION FOR ADMISSION

2023-2024 (New Students)

2701 Rice Rd • Matthews, NC 28105 • (704) 315-5774 • www.Greyfriars.net

The <u>1-2-3 Scholarship Program</u> is intended for students who otherwise could not afford to attend Greyfriars.

 Yes, please send me more information about the 1-2-3 Scholarship Program. <u>GCT Scholarship Program</u> If your student is applying for the 9th grade and was enrolled at Greyfriars Classical Tutorials (GCT) for the 2022-2023 school year, then check the box below. You are automatically eligible for up to \$1,800 (up to \$450 per year of high school) toward your tuition, without regard to financial need.

 □ Yes, my student was enrolled part-time or full-time at GCT for 2022-2023 (8th grade). How many total years was your student enrolled at GCT from Kindergarten - 8th grade?
_____ [up to six years will be credited at \$300 per year]

STUDENT AND FAMILY INFORMATION (*Please print in ink or type*)

Intended enrollment, if known:

Today's Date							Full-time (at least 4.Part-time (homesche	5 credits ordinarily required) ool status)
Student's Nar	me	last	first		midd	le	prefers to be called	_
□ Male □ Female	Enterin	ng Grade in Fall		Current Ag	ge	Date of Bir	th	Student
Desired course	es, if know	n:						Photo Requested
(credits)		(course name)		(crea	dits)	(cou	irse name)	_
(credits)		(course name)		(crea	idits)	(cou	irse name)	_
(credits)		(course name)		(crea	dits)	(cou	irse name)	_
(credits)		(course name)		(crea	dits)	(cou	rse name)	_
Home Addres	SS					City/S	State/Zip	
Home Phone								
Father's Nam	e	last		first		middle	()	
E (1) E				U				to be called
Father's Em	1811						Cell Phone	
Father's Wo	orkplace			Posit	tion		Work Phone	
Workplace	Address					City/	State/Zip	
Mother's Nan	ne	last						
						middle		to be called
Mother's Eı	mail						Cell Phone	
Mother's W	orkplace			Posit	tion		Work Phone	
Workplace	Address _					City/	State/Zip	
Other Childre Name	en:		Date	e of Birth	N	ame		Date of Birth

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If parents are separated or divorced, with whom does the applicant live?	
Family's Church	Are You Members? Members for how long?
Family's Doctor	Phone
Emergency Contact Person	Phone
EDUCATIONAL HISTORY	

EDUCATIONAL IIISTORI

Please list all other previous schools your ch	ild has attended (please list the most recent first):	
School	Which years attended	
Address		
School	Which years attended	
Address		
School	Which years attended	
Address		
Is your child currently being educated at hon	ne?	
Please list all tutorial or cooperative organization	ations you have used to supplement your child's education:	
Name	Years attended	
Brief description		
Name	Years attended	
Brief description		
Name	Years attended	
Brief description		
List special honors or awards that your child	has received:	



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EDUCATIONAL PHILOSOPHY

What does *Christian* education mean to you?

What does *classical* education mean to you?

Why do you want your child to attend Greyfriars?

Do you support Greyfriars' commitment to provide an education that is consistent with the Westminster Confession and Catechisms?

PERSONAL HISTORY

In the best interest of your child, please be candid as you answer the following questions. Space for a brief explanation is supplied for each question, but you may also attach further explanation to this application as needed. During our review of your child's application, we may request further details and documentation on items below.

Please list any medical conditions concerning which we should be aware (e.g., allergies, asthma, epilepsy, diabetes, HIV+, etc.)

Are your child's immunization records up to date? _____ (Please note: NC law requires every school to "maintain current and accurate disease immunization records on file at its office for each pupil enrolled." We must have a copy of these records at the time of enrollment.)

Has your child	ever received special	academic help or tutoring?	If so, briefly	explain the circumstances:

Has your child ever repeated a grade for any reason? _____ Which grade? _____ Briefly explain the circumstances: _____

Has your child ever been suspended or expelled for any reason? _____ If so, briefly explain the circumstances:_____

Has your child ever been evaluated for a learning disability, h	hyperactivity, ADHD, or ADD, or been seen by a counselor / doctor	/
psychiatrist for any type of social, behavioral, or mental problem	ms? If so, briefly explain the circumstances:	_

Has your child ever been involved in legal problems or been arrested? _____ If so, briefly explain the circumstances:_____



Date

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STATEMENT OF FAITH

This is the statement of faith of *Greyfriars Classical Academy* as found in our by-laws. Your signature at the end of this application indicates your full agreement with this statement of faith.

- 1. I believe the Bible alone to be the word of God, the ultimate and infallible authority for faith and practice.
- 2. I believe that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit.
- 3. I believe that God created the heavens and the earth and all they contain, and that He upholds and governs them in accordance with his eternal will.
- 4. I believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- 5. *I believe that, for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely necessary.*
- 6. *I believe that salvation is by grace through faith alone.*
- 7. I believe that faith without works is dead.
- 8. I believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
- 9. I believe in the resurrection of both the saved and the lost; they that are saved to the resurrection of life and they that are lost to the resurrection of damnation.
- 10. *I believe in the spiritual unity of all believers in our Lord Jesus.*
- 11. I believe that God defined marriage as the life-long covenant between one man and one woman, and that all forms of sexual activity outside of marriage are sin.
- 12. I believe that God immutably creates each person to reflect His image as male or female.

APPLICATION SIGNATURE

I certify that the information on this application is correct. I affirm my full agreement with the statement of faith listed above. [If either parent takes exception to any item listed in the statement of faith, or if one parent is unable to sign, please offer a complete explanation on a separate sheet.]

Signature of Father/Guardian	Date
2	

APPLICATION CHECKLIST:

- \Box Completed <u>and</u> signed application (pages 1-4)
- □ Application fee (*full-time and part-time*: <u>\$200</u> [\$100 if applying by 1/30/23])
- $\hfill\square$ Copy of student's most recent grades and standardized test scores
- \Box Pastoral reference delivered and request made of pastor (page 5)

Signature of Mother/Guardian

Notice of Nondiscriminatory Policy as to Students: Greyfriars Classical Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Greyfriars Classical Academy does reserve the right to select applicants for admission on the basis of personal religious commitment and beliefs, academic performance, and willingness to cooperate with the Greyfriars Classical Academy Board and Administration and to abide by its policies.



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PASTORAL RECOMMENDATION (submit to church)

Section 1: Completed by the parents

Parents' names	Phone
Address	
Student's name	Applying for grade
Pastor's name*	
Church name	
Church address	

*Note to parents: If someone in leadership at your church other than the senior pastor would be better suited to give a recommendation, that is also acceptable. Please indicate the name and position of that individual. As a courtesy, please consider supplying a return envelope, stamped and addressed to GCA at the address above.

Section 2: Completed by your pastor

Dear Pastor,

The family named above is applying for admission to Greyfriars Classical Academy. GCA requires that at least one parent be a professing Christian, and we are particularly eager to partner with Christian families that conscientiously live out that faith. Since the parents named above have submitted this form to you, they are asking you to help us evaluate them. Please know that your comments will be kept completely confidential. GCA is grateful for your willingness to answer the following questions:

Is at least one parent a member of your church? _____ How long have you known this family? _____

How frequently does this family attend worship? weekly re	egularly occa	sionally rarely
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Would you recommend this family and this child for admission to GCA?

Are there additional comments you would like to make, or circumstances about which we should be informed?

Are you willing for us to contact you? _____ Phone _____

Pastor's signature _____ Title _____

Thank you for the time you have given to fill out this form. Please mail this form back to us at the address at the head of this page. If you have any questions, headmaster John McGowan can be reached at (704) 315-5774, or at headmaster@greyfriarsclassical.org.