



2024-2025

# Admissions Application Packet

**School Hours Pre-K:**

Monday – Thursday 8:30am-3:30pm  
Friday 8:30am-2:30pm

**School Hours K-5th grades:**

Monday – Thursday 7:30am-3:30pm  
Friday 7:30am-2:30pm

**Before and After Care available  
as outlined in Handbook**

**Phone:**

225-387-5082

**Address:**

8538 GSRI Avenue,  
Baton Rouge, LA 70810

**Website:**

[www.gardereschool.com](http://www.gardereschool.com)

*Gardere Community Christian School admits students of any race, color, national or ethnic origin, gender, or religion to all the rights privileges, programs, and activities generally accorded or made available to students at the school. Gardere Community Christian School does not discriminate on the basis of race, color, national or ethnic origin, gender, or religion in administration of its educational policies, admissions policies, tuition assistance programs, and other school-administered programs.*



## Dear Parents and Guardians,

On behalf of the Gardere Community Christian School, we would like to extend to you the opportunity to enroll your child in a school committed to excellence. We are excited to deliver the highest quality educational experience through scripture-based character development, the promotion of wonder and innovation within our students, engaging teaching methods, and a passionate school and community culture. Here at GCCS, we seek to ensure that our students become compassionate citizens and wise leaders, rooted in Christ, because our GCCS Eagles deserve the best, most intentional, support possible.

Although there is tuition required to enroll your child in Gardere Community Christian School, there is tuition assistance up to 94%. Assistance is calculated according to family income and size. The premise behind GCCS is that finances should not be a barrier to a quality education.

The enclosed information is provided to assist you with enrollment for the 2024-2025 school year. To seek class placement, the steps for enrollment listed on the next page must be completed in full for each student. Please call the school office at 225-387-5082 if you have any questions or need help in completing the forms.

We look forward to having your child and family as part of the GCCS community. Go Eagles!

Yours Truly,

A handwritten signature in black ink that reads "Lauren Darden".

**Lauren Darden**

*Principal*

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## ADMISSIONS PROCESS: 2024-2025

In order to apply, please follow these steps:

### 1. SUBMIT THE FOLLOWING:

- Application for Admissions
- Copies of Birth Certificate and Social Security Card – **we must see originals and we will make copies**
- Up-to-date Immunization Record
- Proof of residency
- Copy of student's most recent report card (if applicable)

*\*\*Applicants must be at least 5 yrs. old before September 30, 2024 for Kindergarten or 6yrs old before September 30, 2024 for First Grade. **There are no exceptions.***

### 2. MEET WITH THE DIRECTOR OF ADMISSIONS:

While meeting with the Director of Admissions, you will hand in the above documents from step 1 and be given required school policies and authorization forms to complete. The enrollment and authorization forms are **very important and necessary** so that our staff can act in your child's best interest at all times. Each form must be completed in full and signed by the parent/guardian **legally responsible for the child.**

### 3. TUITION ASSISTANCE:

If not receiving a State Scholarship, your child is eligible for **Tuition Assistance** based on income and the number of people in your household. **To apply for tuition assistance, you must submit proof of household income and family size.** *(This could be evidence of qualification for Louisiana Purchase Card or SNAP benefits, Federal Income Tax forms for 2023, Unemployment compensation statement for the period ended December 31, 2023, Alimony as shown in court decree or agreement, Social Security benefits statement for the period ended December 31, 2023 or Pension statements for the period ended December 31, 2023.)* The school will review your information and verify your tuition responsibility in writing.

### TUITION AND FEES FOR THE 2024-2025 SCHOOL YEAR:

- The yearly tuition for grades K-5 is \$9,725.00 and for Pre-K is \$6,000, paid monthly in ten equal payments.
- One month of tuition is due as part of enrollment and is non-refundable.
- Subsequent payments will be paid in nine monthly installments from 7/1/24 through 3/1/25.
- Tuition includes all school supplies and books.
- If not receiving a State Scholarship, there is a non-refundable programs fee of \$100 per student.
- All fees are due as part of enrollment and are non-refundable.
- All parents, including parents of State Scholarship students, must purchase GCCS uniforms according to GCCS policy and must complete 20 hours of volunteer services per family per year.

**NOTICE: Students are not considered enrolled or placed on classroom rosters until ALL required documents (including income verification if requesting tuition assistance) are completed and signed forms are submitted, along with payment of required fees and first month of tuition.**

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I: STUDENT'S DETAILS / DETALLES DEL ESTUDIANTE

Complete Name / Nombre Completo: \_\_\_\_\_
Date of Birth / Fecha de Nacimiento: \_\_\_\_\_ Social Security Number / Numero de Seguro Social: \_\_\_\_\_
Race / Raza: \_\_\_\_\_ Male / Varón Female / Hembra
Address / Dirección: \_\_\_\_\_ Phone / Teléfono: \_\_\_\_\_
Student Lives with / Estudiante Vive con: Mother / Madre Father / Padre Grandparent / Abuelo/a Other / Otro
Names of any siblings already attending GCCS / Nombres de hermanos asistiendo GCCS: \_\_\_\_\_
Name and ages of siblings living at home / Nombres y edades de hermanos viviendo en hogar: \_\_\_\_\_
Language(s) spoken at home / Idioma(s) habladas en casa: \_\_\_\_\_

II: PARENT – GUARDIAN DATA / INFORMACIÓN DEL PADRE – TUTOR

Father's Name / Nombre del Padre: \_\_\_\_\_
Address / Dirección: \_\_\_\_\_
Profession / Profesión: \_\_\_\_\_ Employer / Empleador: \_\_\_\_\_
Cell Number / Celular: \_\_\_\_\_ Other Number / Otro Número: \_\_\_\_\_
Email / Correo Electrónico: \_\_\_\_\_

Mother's Name / Nombre del Madre: \_\_\_\_\_
Address / Dirección: \_\_\_\_\_
Profession / Profesión: \_\_\_\_\_ Employer / Empleador: \_\_\_\_\_
Cell Number / Celular: \_\_\_\_\_ Other Number / Otro Número: \_\_\_\_\_
Email / Correo Electrónico: \_\_\_\_\_

III: EMERGENCY CONTACT / CONTACTO DE EMERGENCIA

Complete Name / Nombre Completo: \_\_\_\_\_
Relation to Student / Relación a Estudiante: \_\_\_\_\_
Cell Number / Celular: \_\_\_\_\_ Other Number / Otro Número: \_\_\_\_\_
Email / Correo Electrónico: \_\_\_\_\_



IV: PERSONALITY AND HEALTH / PERSONALIDAD Y SALUD

Anything we should know about your child's personality? / ¿Algo que debemos saber acerca de la personalidad de su hijo? \_\_\_\_\_

In case of minor cuts and bruises I \_\_\_\_\_ authorize I \_\_\_\_\_ do not authorize the staff of Gardere Community Christian School to administer first aid treatment to my child.

SPECIAL MEDICAL INSTRUCTIONS:

Because my child has this medical condition \_\_\_\_\_

I authorize the staff at Gardere Community Christian School to \_\_\_\_\_

Student's Known Allergies: \_\_\_\_\_

I understand that in case my child becomes ill or has a medical emergency, GCCS will first attempt to contact me.

If I cannot be reached, I authorize GCCS to contact \_\_\_\_\_ Emergency Contact Phone

I also understand that in a Medical Emergency GCCS will call 911 and adhere to the instructions of EMT personnel attending to my child.

If I, or the person listed above, cannot be reached before important medical decisions need to be made,

I \_\_\_\_\_ authorize I \_\_\_\_\_ do not authorize the GCCS staff to make any necessary emergency medical decisions for the well-being of my child, including treatment by Emergency Medical Personnel, transport by ambulance to a hospital and treatment by the doctor on call.

En el evento de heridas o golpes Yo \_\_\_\_\_ autorizo Yo \_\_\_\_\_ NO autorizo al personal de GCCS administrar tratamiento de primeros auxilios a mi hijo.

INSTRUCCIONES MEDICAS ESPECIALES:

Porque mi hijo padece de esta condición médica \_\_\_\_\_, yo autorizo al personal de Gardere Community Christian School que hagan lo siguiente: \_\_\_\_\_

Alergias del Estudiante: \_\_\_\_\_

Comprendo que, si mi hijo se enferme o tenga una emergencia médica, GCCS va intentar a contactarme. Si no me pueden controlar, les autorizo que contacten a \_\_\_\_\_

Emergency Contact Phone

También entiendo que, en una emergencia, GCCS llamará al 911 y seguirá las instrucciones medicas del EMT atendiendo a mi hijo.

Si no se puede comunicar conmigo, o con la persona mencionada anteriormente, antes de que sea necesario tomar decisiones médicas importantes, yo \_\_\_\_\_ autorizo yo \_\_\_\_\_ NO autorizo que GCCS tome las decisiones médicas de emergencia necesarias para el bienestar de mi hijo, incluyendo el tratamiento por parte del personal médico de emergencia, el transporte en ambulancia a un hospital, y el tratamiento por parte del médico.



### V: ACADEMIC DETAILS / DETALLES ACADÉMICOS

Grade completed 2023-2024 / Grado completado 2023-2024: \_\_\_\_\_

Grade entering 2024-2025 / Grado comenzando 2024-2025: \_\_\_\_\_

Last School Attended / Ultima Escuela Asistida: \_\_\_\_\_

### VI: DECLARATION / DECLARACIÓN

I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline, inter-school/city transfers and tuition fee payments. I also acknowledge that while the school does its best to ensure the safety of each child’s life, health and property, the school cannot be held responsible for any damage to these.

Confirmo que, a mi leal saber y entender, la información proporcionada en este formulario es correcta. He entendido y acepto cumplir con todas las reglas de la escuela, incluida la disciplina escolar, las transferencias entre escuelas / ciudades y el pago de la matrícula. También reconozco que, si bien la escuela hace todo lo posible para garantizar la seguridad de la vida, la salud y la propiedad de cada niño, la escuela no se hace responsable de ningún daño a estos.

\_\_\_\_\_  
*Signature of Parent / Guardian*  
*Firma de Padre / Tutor*

\_\_\_\_\_  
*Date*  
*Fecha*

### VII: ADMISSION PROCESS FOR TAS / PROCESO DE ADMISIÓN PARA ERAS

1. The completed admission form along with the copies of birth and health certificates, and the registration fee (non-refundable) must be submitted to the school office.
2. After the admission form has been processed, a date is given for applicant.
3. Parents are informed of the outcome within one week of the written test date. If a spot is offered, the child’s enrollment must be confirmed, and all fees paid within 3 days of date of offer.
4. If, within three days, enrollment is not confirmed, the child’s spot is offered to another candidate.

1. El formulario de admisión completo junto con las copias de los certificados de nacimiento y salud, y la matrícula del primer mes (no reembolsable) deben enviarse a la oficina de la escuela.
2. Una vez procesada la admisión, se le da una fecha al solicitante.
3. Se informa a los padres del resultado dentro de una semana de la fecha de la prueba escrita. Si se le ofrece una plaza, se debe confirmar la inscripción del niño y cumplir con los pagos de las cuotas dentro de los 3 días posteriores a la fecha de la oferta.
4. Si, en de tres días, no se confirma la inscripción, se ofrece el espacio del niño a otro candidato.