



GRACE CHRISTIAN ACADEMY

P.O. Box 500643, Saipan, MP 96950
Tel: (670)322-3320 Fax: (670)322-1855
E-mail: gracechristian@gca-nmi.com

March 20, 2023

Dear Parents & Guardians,

Thank you for your inquiry. Grace Christian Academy is fully accredited with the Association of Christian Schools International (ACSI) and Western Association of Schools and Colleges (WASC). We have qualified and certified teachers from the U. S. Mainland, the Philippines, South Korea, and the Mariana Islands.

Enclosed you will find our student application packet including registration procedures, school fees, application forms and student health profile form. Registration for new students will begin **April 13**.

Registration procedures for new students are as follows:

1. Look over the application forms, fill in completely and sign in the indicated places.
2. Submit application forms and required documents to the Registrar's Office. Required documents are as follows:
 - copy of Birth Certificate
 - copy of immunization records
 - **School Entrance Health Certificate (from CHC) for SY2023-2024**
(Health Certificate is a mandatory requirement of the Department of Public Health)
 - physical examination on GCA Health Profile form
 - a recent passport-size photograph
 - an official transcript from the previous school
 - copy of valid US Student Visa (F-1 or F-2) or valid entry permit (CW2, E2, R2) for students who are non US Citizens
 - notarized and CNMI filed Guardianship Document for sponsored alien students
 - Saipan based Medical Health Insurance coverage for US Student Visa holders

For US Student Visa Applicant (Form I-20):

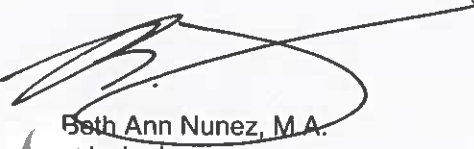
- I-20 Application form
- Copy of valid passport
- Bank Certificate (parents & guardians)

Note: All required documents must be submitted before a student is considered for acceptance.

3. Upon submission of these documents, a \$50 non-refundable application fee (or \$350.00 for I-20 applicants) will be paid at the Cashier's Office. Paying this fee does not guarantee the child's acceptance.
4. Prospective students will be notified of the dates for diagnostic testing.
5. After the test results have been posted, the application will be reviewed by the principal.
6. An interview with the administration will be scheduled to include both the student and the parent(s) or guardian(s). The Academy's policies and procedures will be discussed at this time and an opportunity will be given for you to voice any questions or concerns that you might have. The decision for acceptance will be based upon the interview, the results of the test, and any recommendations that were made. If a decision was not made at the interview, a letter will be sent to the parents notifying them of the decision.
7. At the time of acceptance, the registration fee will need to be paid before the student is considered officially registered.

Once again, thank you for your interest in Grace Christian Academy. If you should need any further information, please do not hesitate to contact us at the above address, phone number or email. We look forward to hearing from you again.

Sincerely,


Beth Ann Nunez, M.A.
Principal



GRACE CHRISTIAN ACADEMY

SCHOOL FEES FOR SY 2023-2024

APPLICATION / PROCESSING FEE (Non Refundable / due upon application)

New students	50.00
New foreign students	350.00

REGISTRATION FEE (Non Refundable/ due upon enrollment)

First Child	175.00
Succeeding children	100.00

BOOK FEE – billed in July, option to pay in 5 equal monthly installments (July to Nov)

	Rate	Monthly Installment
K4	250.00	50.00
K5	275.00	55.00
G1-G8	375.00	75.00
G9-G12	385.00	77.00

TUITION FEE - (A 5% discount will be given for tuition paid in full on or before July 1st)

A. Tuition Fee Schedule:

Annual Payment	Due Date	K4-K5	1 st – 5 th grade	6 th – 8 th Grade	9 th – 12 th Grade
		<u>\$3,240.00</u>	<u>\$3,295.00</u>	<u>\$3,665.00</u>	<u>\$3,880.00</u>
1 st Installment	July 1	294.55	299.55	333.18	352.73
2 nd Installment	Aug 1	294.55	299.55	333.18	352.73
3 rd Installment	Sep 1	294.55	299.55	333.18	352.73
4 th Installment	Oct 1	294.55	299.55	333.18	352.73
5 th Installment	Nov 1	294.55	299.55	333.18	352.73
6 th Installment	Dec 1	294.55	299.55	333.18	352.73
7 th Installment	Jan 1	294.55	299.55	333.18	352.73
8 th Installment	Feb 1	294.55	299.55	333.18	352.73
9 th Installment	Mar 1	294.55	299.55	333.18	352.73
10 th Installment	Apr 1	294.55	299.55	333.18	352.73
11 th Installment	May 1	294.50	299.50	333.20	352.70

B. Tuition Discount for Families with more than one child enrolled:

• Families with more than one child enrolled shall pay the full amount for the first child and the following discount will apply for the sibling:

Sibling	Annual Discount	Installment Discount
Second child enrolled	\$150	\$13.64
Third child enrolled	\$150	\$13.64
Fourth child and above	\$250	\$22.73

• The discount will only apply to immediate relatives and those under a legal guardianship status.

NOTE: If payment is not made by the end of the month, the account is considered delinquent, and a service charge (late fee) of \$10.00 will be added to the past due account. Administrative suspension will be enforced to the enrolled student/s under a delinquent account as stated in the Parent & Student Handbook – Business Department.

OTHER FEES:

Charge	Fee	Grade	Billing Month
Computer Lab Fee	15.00	1 st – 5 th Grade	September
Technology Fee (Fiber Optic)	30.00	6 th - 12 th Grade	September
Science Lab Fee (per semester)	30.00	6 th - 12 th Grade	October & February
AP Science Lab Fee (per semester)	35.00	12 th Grade	October
Foreign Student Educational Fee (F-1)	550.00	F-1 Students	October
AP Class Exam Fee (Language/Lit/Bio/Math)	150.00	Enrolled high school students	October
Locker Fee	12.00	7 th -12 th Grade	Upon application
Testing Fee (IOWA ASSESSMENT)	40.00	K5-12 th Grade	November
PSAT Testing Fee	20.00	10 th & 11 th Grade	November
Graduation Fee	70.00	K5	December
Graduation Fee	100.00	5 th & 12 th Grade	December
Promotion Fee	50.00	8 th Grade	December
Early or Late Exam Fee – Non-emergency reason	200.00	K5 to 12 th Grade	Upon approval
Early or Late Exam Fee – 2 to 6 weeks pre/post exam date	100.00	K5 to 12 th Grade	Upon approval
Early or Late Exam Fee – 1 week pre/post exam date	50.00	K5 to 12 th Grade	Upon approval
After School Care	125.00 & 12.00	K4 to 5 th Grade	Monthly or daily
National Honor Society Membership	20.00	NHS & NJHS Members	
Transcript Fee	20.00 & 5.00	First copy ; succeeding copies	Upon request
Certification Letters (Attendance; Graduation; Billing summary, etc)	5.00		Upon request

NOTE:
A student is not officially enrolled until registration fee is paid.

Grace Christian Academy
Application Form for New and Returning Students
School Year _____ to _____

For Office use Only

RABA # _____

Grade applying for _____

Student Information:

First Name: _____ MI: _____ Last Name: _____ Goes By: _____

Birthday: _____ Age: _____ Place of Birth: _____ Citizenship: _____

(Kindergarten 4 and 5 applicants must be 4 and 5 years old on or before August 31 of the current year regardless of any previous school attendance)

Gender: Male Female Hospital # (CHC): _____ Grade Level Applying for: _____ Child # _____ of _____

Mailing Address:

PO Box _____ Saipan, MP 96950-_____ Village: _____ Home Phone: _____

Foreign Student: US Visa (F1/F2/E2/CW2) No.: _____ Expiration: _____

Passport No: _____ Expiration: _____

Ethnic Background: Chamorro Carolinian Micronesian American Japanese Filipino Korean
 Chinese Other _____

Names and grade levels of any other children enrolled in GCA: _____

Name and complete address of previous school: _____

Languages spoken with most proficiency: 1.) _____ 2.) _____

Religious Affiliation: _____ Church Attending: _____

For kindergarten only: Is your child potty trained? Yes No Frequency of accidents _____

Parent/guardian personal/employment background:

Father/Guardian Child living with? Yes No

First Name: _____ Middle Initial: _____ Last Name: _____

Ethnic Background: Chamorro Carolinian Micronesian American Japanese Filipino Korean
 Chinese Other _____

Wk Phone: _____ Cell Phone: _____ Email Address: _____

Occupation: _____ Employer: _____

Employer Address: PO Box _____ Saipan, MP 96950-_____ Village: _____

Residential Status: Non-Resident Alien Resident Alien Local Resident US Resident

Receive Bill Copy Responsible for Bill Receive Report Card Send Mail Authorize Pickup

Mother/Guardian Child living with? Yes No

Mrs. / Ms. / Miss First Name: _____ Middle Initial: _____ Last Name: _____

Ethnic Background: Chamorro Carolinian Micronesian American Japanese Filipino Korean
 Chinese Other _____

Wk Phone: _____ Cell Phone: _____ Email Address: _____

Occupation: _____ Employer: _____

Employer Address: PO Box _____ Saipan, MP 96950-_____ Village: _____

Residential Status: Non-Resident Alien Resident Alien Local Resident US Resident

Receive Bill Copy Responsible for Bill Receive Report Card Send Mail Authorize Pickup

Other Family Member Relation to Student: _____ Child living with? Yes No

Mr. / Mrs. / Ms. / Miss First Name: _____ Middle Initial: _____ Last Name: _____

Ethnic Background: Chamorro Carolinian Micronesian American Japanese Filipino Korean
 Chinese Other _____

Wk Phone: _____ Cell Phone: _____ Email Address: _____

Occupation: _____ Employer: _____

Employer Address: PO Box _____ Saipan, MP 96950-_____ Village: _____

Residential Status: Non-Resident Alien Resident Alien Local Resident US Resident

Receive Bill Copy Responsible for Bill Receive Report Card Send Mail Authorize Pickup

Medical Information and Emergency Contacts

Does your child have any health problems? Yes No If yes, please specify: _____

Please indicate which of the following communicable diseases your child has had.

- Chicken Pox Diphtheria Measles Mumps
 Influenza Pneumonia Scarlet Fever Whooping Cough

Please indicate whether your child has any persistent problems with any of the following:

- Asthma Colds Coughs Headaches Stomach Aches Hay fever Tonsillitis
 Nose bleeds Other _____ Allergies (please specify) _____

Does your child take any special medication for it? Yes No If yes, please specify what medication. _____

Is your child up to date on his/her immunizations? Yes No Date of last Tetanus shot _____

Has your child had any operations? Yes No If yes, please specify _____ Date _____

Does your child wear eyeglasses? Yes No Contacts? Yes No Date of last eye exam _____

Does your child have regular dental check ups? Yes No Date of last check up _____

Does your child have any hearing problems? Yes No Date of last hearing exam _____

If your child becomes ill while at school we will not administer any medication without your specific consent. A phone call will be made to you, the parent, so that you can make the decision as to what should be administered. Grace Christian Academy is not responsible for any wrong decisions concerning medication made by the parent.

(Parent or Guardian Initials) _____

Please indicate which medications you authorize GCA to administer to your child if deemed necessary.

- Tylenol Pepto Bismo Robitussin Tums Hydrocortisone Ointment (anti-itch cream)

- Nonprescription cleansing agent to kill bacteria and inhibit infection Other _____

Are there any medications mentioned above that you do not want administered to your child?

- Yes No Specify _____

Emergency Information:

Write the name of a local resident (other than the parent/guardian) who has agreed to care for and provide transportation for your child in case he/she becomes ill or injured and you cannot be reached. If you have a family physician please write the name in case medical assistance is necessary.

Physicians

Doctor/Clinic: _____ Phone: _____ Fax: _____

Dentist: _____ Phone: _____ Fax: _____

Insurance company: _____

Policy holder _____ Group # _____ Plan # _____

Emergency contact: Please list the names of persons that GCA can call in case parents or guardians can't be reached.

Name _____ Relationship to the student: _____

Daytime phone number _____ Alternate phone number: _____

Name _____ Relationship to the student: _____

Daytime phone number _____ Alternate phone number: _____

Name _____ Relationship to the student: _____

Daytime phone number _____ Alternate phone number: _____

I hereby give consent to the authorities of Grace Christian Academy to obtain emergency medical treatment for my child. School authorities must attempt to contact me before relying on this authorization.

Parent/Guardian Signature

Date



GRACE CHRISTIAN ACADEMY

Financial Agreement

SY: 2023 - 2024

Name of Student: _____ Principal Amount: _____ Date: _____

This is a contract. For value received, (parent/guardian) _____ of P.O. Box _____ Saipan, MP 96950 agrees and promises to pay the order of Grace Christian Academy, a Commonwealth of the Northern Marianas nonprofit organization (hereinafter called the "Payee"), the amount of:
 \$3,240.00 (K4-K5) \$3,295.00 (G1-5) \$3,665.00 (G6-8) \$3,880.00 (G9-12)
representing tuition fees for the school year commencing in August of 2023 and ending in May of 2024.

Payment Schedule:

Tuition fees are due for the entire school year. A payment plan is permitted by Payee, GCA, available in eleven (11) installments commencing on July 1, 2022 and ending May 1, 2023. Should the first day of the month fall on a Saturday, the installment is due on the Friday before the first. Installment payments are not permitted for extended care fees, which shall be paid on a monthly and/or daily basis.

Family Tuition/Sibling Discount:

Families with two or three children enrolled in GCA will receive an annual tuition fee discount of \$150.00 each for the second and third child. If more than three children are enrolled, the fourth child and above will receive an annual discount of \$250.00 each. The discount will only apply to immediate relatives. If GCA offers any other discount, only one discount shall apply for the higher amount. This discount does not apply to extended care fees.

Advanced/Prepaid Tuition: A 5% discount will be given for tuition paid in full on or before July 1, 2023.

Late payment/Administrative Suspension/Involuntary Withdrawal from School:

If an installment/tuition payment has not been made by the end of the month, it is considered delinquent, and a service charge (late fee) of \$10.00 will be added to the past due account. If a delinquent account is not paid by the tenth (10th) of the following month, your child(ren) will automatically be subjected to administrative suspension. This means that your child will not be allowed in class until the account is settled. Report cards will be withheld and transcripts will not be issued. The student is subject to dismissal if financial obligations remain unpaid/delinquent beyond sixty (60) days. Notice is given that delinquent accounts over ninety (90) days shall be referred to GCA counsel for collection. In the case of where a student is expelled from school for non-payment or for behavior, any account outstanding at that time must be settled before the child's cumulative record is released. If tuition was paid in full, a refund will be issued from the month of expulsion until the end of the installment period.

Voluntary Withdrawal from School:

A student may withdraw from attending GCA. A Student Withdrawal Form shall be completed by the parent and submitted to the Registrar's Office. *Parent/legal guardian agrees that he/she is obligated to pay the student's entire quarter's tuition and fees for the term in which the student was enrolled i.e. through the end of October, December, March, and May.* Parent/legal guardian further agrees for a charge to be made on his/her credit card for the contingency that withdrawal may occur. At the complete and sole discretion of GCA, GCA may allow reduction or remission of fees. School records will not be released until account is cleared. Official withdrawal of pre-registered students after June 30 will be billed a full month's tuition fee in July, tuition shall be charged until an official withdrawal has been submitted.

Student Records:

There is a \$20.00 fee for the release of your child's records to another school. However, all amounts outstanding must be paid in full before GCA will issue a transcript/records. The official transcript will be sent directly to the new school. GCA may issue you a verification letter stating dates of attendance at GCA and copies of report cards. This will give you the needed information to enroll your child in a new school and will provide the new school with information on how to obtain an official transcript. Please allow us five business days to get this ready for you.

Check Acceptance/Returned Checks:

Checks shall be made payable to Grace Christian Academy. Second party check and postdated checks shall not be accepted. If a check is returned due to insufficient funds, a fee of thirty-five dollars (\$35.00) shall be charged for administrative costs. If GCA should bring suit to collect, the parent may be liable for up to three (3) times the amount on the insufficient check. Should the account remain unsettled after written notice to cure within fifteen (15) days for default, all provisions under the "Involuntary Withdrawal from School" section above shall apply. Any family that issues two (2) insufficient funds/returned checks during the school year shall be required to make all future payments in cash, cashier's check, or money order.

Notice:

All notices or communications in relation to this Agreement shall be made in writing, either by mail or hand delivered to the address indicated on the enrollment form. Registered mail to the above address suffices for notice.

Legal/Attorney's Fees/ Governing Law:

If any legal action is necessary to enforce this Agreement, the prevailing party shall be entitled to attorney's fees and costs. The parties to this agreement hereby waive any right to trial by jury. Venue shall be with the CNMI Superior Court, Saipan. This agreement shall be governed by and construed in accordance with the laws of the Commonwealth of the Northern Mariana Islands.

By my signature, I signify that I have read and agree to the terms listed in the "Grace Christian Academy Financial Agreement."

Parent/Guardian's Signature: _____ Date: _____

Mother/Guardian's Signature: _____ Date: _____

GCA Business Administrator: _____ Date: _____

Grace Christian Academy



FAMILY-SCHOOL COVENANT

FOR THE PARENT: We are in support of the educational philosophy, objectives, standards of conduct, Parent-Student Handbook, and the principles of Grace Christian Academy. We will cooperate with the administrators, faculty, and staff in a spirit of partnership in the training of our child(ren).

We understand that we are responsible to read and abide by the policies and guidelines (including all discipline procedures) of Grace Christian Academy as stated in the Parent & Student Handbook.

If at any time during the training of our child(ren), we can no longer work together in a spirit of unity, and all reasonable avenues of communication are exhausted, we will withdraw our child(ren) from Grace Christian Academy.

Father/Guardian's Name

Father/Guardian's Signature

Date

Mother/Guardian's Name

Mother/Guardian's Signature

Date

FOR THE STUDENT: I desire to attend Grace Christian Academy or am willing to be under the authority of my parents/guardian in submitting and deferring to their wishes concerning enrollment at Grace Christian Academy. I understand that administrators, faculty, and staff are in partnership with my parents/guardian. I will strive to obey them also as they seek to train me according to God's Word.

I will seek to live a godly life in and out of school in order that Jesus Christ will be glorified.

I understand that I am responsible to read and abide by the policies and guidelines of Grace Christian Academy as stated in the Parent & Student Handbook.

Student's Name

Student's Signature

Date

FOR THE SCHOOL: The faculty and staff pledge by God's grace to uphold the principles and guidelines of Grace Christian Academy as we together train your child(ren).

Grace Christian Academy



MISSION STATEMENT

Grace Christian Academy exists to partner with the home to produce vibrant, confident, and loving students who excel in their academic pursuits in commitment to Jesus Christ.

EXPECTED SCHOOLWIDE LEARNING RESULTS

GCA, being a Christian school is a “life changing ministry.” GCA strives to focus upon student success in meeting expected school-wide learning results that are glorifying to God. Our goal is to see a growing and maturing student of Grace Christian Academy with the following characteristics:

V - Vibrant and committed disciple of Christ

A - Academic achiever and critical thinker

L - Loving, moral, and ethical citizen

U - Unwavering learner

E - Effective and confident communicator

EXPECTED STUDENT BEHAVIOR POLICY

We desire our students to do their best not only in academics but also in behavior and attitude. Therefore, we have adapted a school wide expected behavior policy to help our students become ***SOARING EAGLES***.

Everyone shows respect

Appropriate language only

Give your full attention

Listen and learn

Excellent work on time

School rules and policies followed on/off campus