



ADMISSIONS APPLICATION 2019-2020

For Office Use Only

Date: _____

Time: _____

Rec'd by: _____

If you are applying for multiple students, you must submit an application for EACH child. Please make sure you give an ACCURATE email address that you check regularly. Much of our communication is conducted via email.

Applicant's Status: *(Please check one)*

____ Returning GSIC Student

____ New Student with a Sibling currently enrolled at GSIC
If this box is checked, please include name and grade of GSIC sibling.

____ New Student

Name

Grade

Student's Name:

Last

First

Middle

Date of Birth: *(MM/DD/YY)* _____

2019/2020 Grade Level: _____

Address:

Street

Apt/Unit #

City

State

Zip

Legal Guardians:

First Name

Last Name

First Name

Last Name

Contact Information:

Primary: _____

Phone#

Email

Secondary: _____

Phone #

Email

Parent/Guardian Signature

Date