



Date:

Time:

Rec'd by:

ADMISSIONS APPLICATION 2020-2021

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 line 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)

2020/2021 Grade Level: _____

Name of Previous School : _____

Student's Address:

_____ Street

_____ Apt/Unit #

_____ City

_____ County

_____ State

_____ Zip

Legal Guardians:

_____ First Name

_____ Last Name

_____ First Name

_____ Last Name

Contact Information:

Primary: _____

Phone#

Email

Secondary: _____

Phone #

Email

Parent/Guardian Signature

Date