GEORGIA SCHOOL FOR INNOVATION AND THE CLASSICS

ADMISSIONS APPLICATION
2026-2027

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)*

_____ New Student   _____ New Student with a Sibling currently enrolled at GSIC

If this line is checked, please include name of sibling currently enrolled at GSIC.

_____
Siblings Name

Student's Name:

_____
Last

_____   _____
First   *Middle*

Date of Birth: *(MM/DD/YY)* _____   **2026/2027 Grade Level:** _____

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*