

Student Name:

First: _____ Middle: _____ Last: _____

Date of Birth (mm/dd/yyyy): _____ **Place of Birth:** _____ **Gender:** _____ **Entering Grade:** _____

Last School of Attendance:

School Name: _____ City: _____ State: _____

Special Education Category (if applicable): _____ **English Language Learner? (Y/N)** _____

Parent/Guardian Information:

First: _____ Middle: _____ Last: _____
Street: _____ Apartment/Suite: _____
City: _____ State: _____ Zip Code: _____
Phone Number: () _____ Other Number: () _____

Additional Parent/Guardian Information:

First: _____ Middle: _____ Last: _____
Street: _____ Apartment/Suite: _____
City: _____ State: _____ Zip Code: _____
Phone Number: () _____ Other Number: () _____

1. Has your child been suspended or expelled from a school?

2. Is your child under disciplinary action in the district in which they are currently enrolled?

Parent/Guardian(s) Signature:

How did you hear about us? _____

GEA OFFICE USE ONLY

Entry Date _____ Entry Code _____ SAIS ID _____

Entered in Schoolmaster on _____ by _____ Home Room _____