

**Great Expectations Academy**

**School Year 2025-2026**

1466 W. Camino Antigua, Sahuarita, Arizona 85629 (520) 399-2121 phone (520)399-2123 fax www.geageckos.org

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: \_\_\_\_\_

Parent/Guardian Information:

First: \_\_\_\_\_ Middle : \_\_\_\_\_ Last: \_\_\_\_\_

Street: \_\_\_\_\_ Apartment/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Additional Parent/Guardian Information:

First: \_\_\_\_\_ Middle : \_\_\_\_\_ Last: \_\_\_\_\_

Street: \_\_\_\_\_ Apartment/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

1. Has your child been expelled from a school?

2. How did you hear about us?

Parent/Guardian(s) Signature:

\_\_\_\_\_

**GEA OFFICE USE ONLY**

Entry Date \_\_\_\_\_ Entry Code \_\_\_\_\_ State Student ID \_\_\_\_\_

Entered in SIS \_\_\_\_\_ by \_\_\_\_\_ Home Room \_\_\_\_\_