

Great Expectations Academy

School Year 2026-2027

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:

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: () _____ 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 _____