



Application

Student's Name: _____

Gender: _____ Birth date: _____ Applying for (month/year): _____

Applying for:

EARLY CHILDHOOD: (*Our school day is from 8:15 to 12 noon or 2:45 p.m.*)

Nursery

- 3 mornings (*Mon-Tue-Wed*)
- 3 full days (*Mon-Tue-Wed*)
- 5 mornings (*Mon-Fri*)
- 5 full days (*Mon-Fri*)

Mixed Age Kindergarten

- 4 mornings (*Mon-Tue-Wed-Thur*)
- 4 full days (*Mon-Tue-Wed-Thur*)
- 5 mornings (*Mon-Fri*)
- 5 full days (*Mon-Fri*)

ELEMENTARY GRADES: (CIRCLE GRADES) 1 2 3 4 5 6 7 8

Mother's Name: _____

Mailing Address: _____

Residential Address: _____

Occupation: _____

Business name and address: _____

Home Phone: _____ Business Phone: _____ Cell: _____

Email Address: _____

Father's Name: _____

Mailing Address _____

Residential Address: _____

Occupation: _____

Business name and address: _____

Home Phone: _____ Business Phone: _____ Cell: _____

Email Address: _____

If parents have separate addresses, child lives with: Mother Father Both

Correspondence should be addressed to: Mother Father Both

Grandparents' names and addresses: _____

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Names and birth dates of other children in family: _____

Name(s) of school(s) attended: _____
Name Address Dates attended Grade(s)

Current or last grade attended: _____

Name and phone number of previous teacher to call for reference: _____

Has your child received educational support? In school: _____

Outside of school: _____

Does your child know any foreign languages? _____

Does your child play an instrument? _____

Please tell us anything you would like us to know about your child. _____

How did you hear about our school? _____

- Requesting tuition assistance information Requesting extended day program information (for nursery through 3rd grade)
 I would be interested in extended care for my 4th through 8th grade child

Signature of Parent or Guardian

Date

A \$50 non-refundable fee must accompany this application.

The GBRSS welcomes students without regard to race, creed, gender or national origin.

(For office use only) Date Received: _____

Check No.: _____ Check date: _____

cc: Teacher
Business Office
FMP