

NEW ENROLLMENT INFORMATION 2010-2011 School Year

Parent's Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

HOME If student(s) are not living with mother and father, please explain present home conditions.

Other siblings in home: Name: _____

CHURCH

Church Affiliation: _____

Address: _____

Pastor: _____

Do you attend church? _____ How often? _____

List church activities in which your family is involved: _____

SCHOOL

Please state why you wish to enroll your child(ren) in GPBS: _____

How did you hear about our school? _____

Do you plan to enroll all eligible children in GPBS? _____ If not, why? _____

Current ITBS / ITED / Stanford test scores for student(s) have been included with registration materials? _____
Yes or No

Name of previous school: _____

Address: _____

Principal/Counselor: _____

Please answer the following questions for each child in your family that you wish to enroll in GPBS. Please use a second sheet if you need more space for answers.

Student Name: _____ Date of birth: _____ Grade _____

Has your child successfully completed each grade level? _____ Retained? _____

Explain: _____

Learning disabilities/challenges? _____

Mental or emotional disabilities which may affect student's academic success? _____

Any serious discipline problems? _____

If so, please explain _____

Has your child ever been suspended or expelled? _____

If so, please explain _____

Has your child ever been arrested? _____ If so, please explain _____

Health – Any limitations on student participation in activities: _____

Physical Disabilities _____

Any other unusual circumstances (birth to present) which may affect student's progress? _____

Student Name: _____ **Date of birth:** _____ **Grade** _____
Has your child successfully completed each grade level? _____ Retained? _____
Explain: _____
Learning disabilities/challenges? _____
Mental or emotional disabilities which may affect student's academic success? _____
Any serious discipline problems? _____
If so, please explain _____
Has your child ever been suspended or expelled? _____
If so, please explain _____
Has your child ever been arrested? _____ If so, please explain _____

Health – Any limitations on student participation in activities: _____
Physical Disabilities _____
Any other unusual circumstances (birth to present) which may affect student's progress? _____

Student Name: _____ **Date of birth:** _____ **Grade** _____
Has your child successfully completed each grade level? _____ Retained? _____
Explain: _____
Learning disabilities/challenges? _____
Mental or emotional disabilities which may affect student's academic success? _____
Any serious discipline problems? _____
If so, please explain _____
Has your child ever been suspended or expelled? _____
If so, please explain _____
Has your child ever been arrested? _____ If so, please explain _____

Health – Any limitations on student participation in activities: _____
Physical Disabilities _____
Any other unusual circumstances (birth to present) which may affect student's progress? _____

Student Name: _____ **Date of birth:** _____ **Grade** _____
Has your child successfully completed each grade level? _____ Retained? _____
Explain: _____
Learning disabilities/challenges? _____
Mental or emotional disabilities which may affect student's academic success? _____
Any serious discipline problems? _____
If so, please explain _____
Has your child ever been suspended or expelled? _____
If so, please explain _____
Has your child ever been arrested? _____ If so, please explain _____

Health – Any limitations on student participation in activities: _____
Physical Disabilities _____
Any other unusual circumstances (birth to present) which may affect student's progress? _____
