



# ADMISSIONS APPLICATION 2024-2025

Date:
Time:
Rec'd by:

If you are applying for multiple students, you must submit an application for EACH child. Please make sure you give an ACCURATE email address that you check regularly. Much of our communication is conducted via email.

Applicant's Status: (Please check one)

New Student       New Student with a Sibling currently enrolled at GSIC

If this line is checked, please include name of sibling currently enrolled at GSIC.

\_\_\_\_\_   
 Siblings Name

**Student's Name:**

\_\_\_\_\_   
 Last

\_\_\_\_\_   
 First

\_\_\_\_\_   
 Middle

**Date of Birth:** (MM/DD/YY) \_\_\_\_\_

**2024/2025 Grade Level:** \_\_\_\_\_

**Student's Address:**

\_\_\_\_\_   
 Street

\_\_\_\_\_   
 Apt/Unit #

\_\_\_\_\_   
 City

\_\_\_\_\_   
 County

\_\_\_\_\_   
 State

\_\_\_\_\_   
 Zip

**Legal Guardians:**

\_\_\_\_\_   
 First Name

\_\_\_\_\_   
 Last Name

\_\_\_\_\_   
 First Name

\_\_\_\_\_   
 Last Name

**Contact Information:**

Primary: \_\_\_\_\_

\_\_\_\_\_   
 Phone#

\_\_\_\_\_   
 Email

Secondary: \_\_\_\_\_

\_\_\_\_\_   
 Phone #

\_\_\_\_\_   
 Email

\_\_\_\_\_   
 Parent/Guardian Signature

\_\_\_\_\_   
 Date