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APPLICATION FOR ADMISSION
APPLICANT'S INFORMATION

Applying to Grade _____ for the academic year _____

APPLICANT'S NAME _____

FIRST NAME MIDDLE NAME LAST NAME NAME USED IN SCHOOL

Sex: M ___ F ___ Date of

birth _____ Citizenship _____ Birthplace _____

MONTH/DAY/YEAR

APPLICANT'S SCHOOL HISTORY

Current school _____

Dates of attendance from _____ to _____ Current grade _____

Name of school director _____ School telephone _____

School address _____

NUMBER AND STREET CITY STATE POSTAL CODE

Previous school _____

SCHOOL NAME CITY/STATE DATES ATTENDED

Previous school _____

SCHOOL NAME CITY/STATE/COUNTRY DATES ATTENDED

SIBLING INFORMATION

Number of siblings _____

Does the applicant have a sibling who attends or graduated from GISD? ___ Yes ___ No

Provide the following information on all siblings of the applicant (attach additional sheet, if necessary):

Sibling's name _____ Date of birth _____

MONTH/DAY/YEAR

School attending _____

Sibling's name _____ Date of birth _____

MONTH/DAY/YEAR

School attending _____

- Please submit this application with the nonrefundable application fee of \$99 to address on the front of the form. You may also submit the form and Visa or MasterCard payment authorization by fax to (702) 270-6214.
- Financial aid is available for children in Kindergarten and above whose families qualify for tuition assistance on the basis of financial need. Please provide a reference to the financial assistance when submitting your application.
- There shall be no discrimination by the school in the selection of its Board of Trustees, in the employment of personnel, in the admission of students, or in the administration of the school's programming because of race, color, religion, national origin, sex, age, sexual orientation, or handicapped status in violation of existing state or federal law or regulation.

PARENT INFORMATION

Parents are: married separated divorced never married partners,
 Not married mother or father deceased

Applicant lives with: both parents mother father guardian
other: _____

If divorced:

Are parent(s) remarried? Both are remarried neither is remarried mother is remarried
 Father is remarried

If divorced or separated:

The Admissions Office should communicate with: both parents mother only father only

Parent 1

Check one: Mr. Mrs. Ms. Miss Dr. other: _____

Relationship to applicant _____

Name _____

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

1. Citizenship _____ Birthplace _____

Occupation _____ Employer _____ Title _____

E-MAIL WORK TELEPHONE MOBILE TELEPHONE

Stepparent(s)

Name _____

Name _____

FIRST NAME MIDDLE NAME LAST NAME SUFFIX FIRST NAME MIDDLE NAME LAST NAME SUFFIX

HOUSEHOLD INFORMATION

If parents are married or living together, please complete information on Household #1 only. If parents are separated or divorced and you would like us to send duplicate mailings, please complete information on two households (Household #1 and #2). Household #1 should be used to indicate the child's primary residence.

Household #1—Primary Household

Address _____ City _____
State or country _____ Zip or postal code _____ Home telephone _____

Household #2—Optional

Parent name(s) _____
Address _____ City _____
State or country _____ Zip or postal code _____ Home telephone _____

Please provide a \$99 refundable application fee made out to "Childcare Center 89011" upon enrollment!

Signature of parent(s) _____ Date _____

IMPORTANT: Please maintain a copy of the completed application for your records.