



For office use only:

STUDENT APPLICATION



This application must be filled out completely by a parent with custodial authority or a legal guardian.
Please mail or hand-deliver to Great Expectations School. Incomplete applications will not be processed.

Student Name: _____ **Date of Application:** _____

Student Entry Date Desired: _____

Student Grade at Entry: _____ Please Note: For Kindergarten entry, student must be age 5 before Sept. 1st. Please contact the school regarding exceptions.

Parent / Guardian Information:

Primary: Name(s): _____

Relationship to Student: _____

Address: (mailing) _____

(physical) _____

Primary Phone: _____

e-mail: _____

Secondary: Name (s): _____

Relationship to Student: _____

Address: (mailing) _____

(physical) _____

Primary Phone: _____

e-mail: _____

To the best of my knowledge, the information on this application is true and complete:

Signed: _____ **Date:** _____