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 ofApplication:_____ Student Entry Date Desired:_____

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

Parent / Guardian Information:

Primary: Name(s):_____

Relationship to Student:_____

Address: (mailing):_____

_____

(physical):_____

_____

PrimaryPhone:_____email:_____

Secondary: Name(s):_____

Relationship to Student:_____

Address: (mailing):_____

_____

(physical):_____

_____

PrimaryPhone:_____email:_____

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

Signed:_____Date:_____

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