

140 E. 16<sup>th</sup> Ave. Columbus, OH 43201  
Phone: (614) 253-4000/(614) 253-4001 Fax: (614)643-5146  
Email: info@gemsschool.org/info@grahamprimary.org

## Application for Enrollment

Today's Date: \_\_\_\_\_

### Student Information:

Student Name: \_\_\_\_\_ City, State of Birth: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Note- if applying for Kindergarten, your student must be 5 years old by September 30th

Address: \_\_\_\_\_  
Street City Zip code County of Residence

Home phone number: \_\_\_\_\_

Gender: M / F

### Ethnicity (for state reporting requirements):

1. Is the student Hispanic or Latino (please circle)? Yes / No

2. What is the student's race (please circle all that apply): Native Hawaiian / Other Pacific Islander Asian White  
American Indian or Alaskan Native Black or African American

3. What is the primary language spoken at home? \_\_\_\_\_

### Education History:

I am applying for (please circle): KG 1<sup>st</sup> grade 2<sup>nd</sup> grade 3<sup>rd</sup> grade 4<sup>th</sup> grade 5<sup>th</sup> grade 6<sup>th</sup> grade 7<sup>th</sup> grade 8<sup>th</sup> grade

School year: 2015-16 or 2016-17

My child has repeated a grade level (circle one): Yes / No If yes, what grade level was repeated? \_\_\_\_\_

School District of Residence: \_\_\_\_\_

Yes \_\_\_ or No \_\_\_, my child is or has been on an IEP (Individualized Education Plan) or received additional support from outside services/agencies.

\*If yes, please provide a copy of the most recent ETR and IEP

Names and contact information for past school attendance:

\_\_\_\_\_  
School year School name phone/address

\_\_\_\_\_  
School year School name phone/address

\_\_\_\_\_  
School year School name phone/address



# GEMS

Graham Expeditionary Middle School



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Does student currently have sibling at:

**The Charles School** – Yes / No **The Graham School** - Yes / No **GEMS** - Yes / No **GPS** – Yes / No

Student name(s) & school name(s): \_\_\_\_\_

How did you hear about GEMS or GPS? \_\_\_\_\_

**Family Information:**

Primary Parent/Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Lives with Student? Yes / No Shared Custody? \_\_\_\_\_ Other \_\_\_\_\_

Address, if different from Student's: \_\_\_\_\_

Home phone number, if different from Student's: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary Parent/Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Lives with Student? Yes / No Shared Custody \_\_\_\_\_ Other \_\_\_\_\_

Address, if different from Student's: \_\_\_\_\_

Home phone number, if different from Student's: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

***If student is not living with a biological parent a legal proof of guardianship signed by a judge or magistrate is required.***

