



## PRELIMINARY ENROLLMENT APPLICATION

Answer all questions in this application completely. You may attach additional pages if necessary.

<b>PARENT/GUARDIAN INFORMATION</b>			
Father's Name (Last)		(First)	(Middle)
Father's Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried <input type="checkbox"/> Deceased
Mother's Name (Last)		(First)	(Middle)
Mother's Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried <input type="checkbox"/> Deceased
Student's Home Address			
City	State	Zip Code	Home Phone
<b>Father's Information</b>		<b>Mother's Information</b>	
Father's Mobile		Mother's Mobile	
Father's Email		Mother's Email	
Father's Employer		Mother's Employer	
Occupation		Occupation	

<b>CHURCH INFORMATION</b>	
Name of Church	Pastor
City   State	Phone

<b>HOW DID YOU HEAR ABOUT GVCA?</b>

<b>STUDENT INFORMATION</b>		
Number of Children in Family:		List Ages:
<b>1. NAME</b>		
DOB	Sex	Grade Entering
Place of Birth (City, State, Country)		
School Last Attended		Dates
Special Needs or disabilities (please specify)		
Areas of difficulty		
Student's interests or skills		
<b>2. NAME</b>		
DOB	Sex	Grade Entering
Place of Birth (City, State, Country)		
School Last Attended		Dates
Special Needs or disabilities (please specify)		
Areas of difficulty		
Student's interests or skills		
<b>3. NAME</b>		
DOB	Sex	Grade Entering
Place of Birth (City, State, Country)		
School Last Attended		Dates
Special Needs or disabilities (please specify)		
Areas of difficulty		
Student's interests or skills		