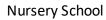
Gardendale Junior Academy



6849 East Goldenrod, P. O. Box 345 Gardendale, Texas 79758 432-230-7422

gcacentraldesk@gmail.com gardendalechurch.churchcenter.com

pro Deo, pro Ecclesia, pro Texana

Name

| 2" x 2" |
|------------|
| photo |
| here |
| (optional) |

| Office Use Only | Date Rec'd: |
|-----------------|-------------|
| | |

Relationship to Applicant

REQUEST FOR ENROLLMENT

Applicant Information

Parents of the applicant complete this form and return it with the registration fee of \$50 per family.

| Name (Last, First, Middle) Home Address | | Preferred Name | | | | |
|--|-------------------|------------------------------------|-----------------|-----------------------|--|--|
| | | City/State/Zip | | | | |
| () | | | Male | Female | | |
| Home Phone | Social Security # | | | | | |
| Date of Birth | Place of Birth | Age Applying for (| Class | Proposed Date of Entr | | |
| nily Information | | | | | | |
| Fath | Father/Guardian | | Mother/Guardian | | | |
| Name (Last, First, Middle) | | Name (Last, First, Middle, Maiden) | | | | |
| Home Address | | Home Address | | | | |
| City/State/Zip | | City/State/Zip | | | | |
| () | () | () | (|) | | |
| Home Phone | Cell Phone | Home Phone | Cell | Phone | | |
| Email Address | | Email Address | | | | |
| Employer | | Employer | | | | |
| Employer Address | | Employer Address | | | | |
| City/State/Zip | | City/State/Zip | | | | |
| () | | _() | | | | |
| Work Phone | | Work Phone | | | | |

City/State/Zip

Address

School Information

| Name Address City/State/Zip | | - | Name Address | |
|--|--------------------------|------------------|---|----------------|
| | | _ | Address | |
| City/State/Zip | | | | |
| | | | City/State/Zip | |
| Current Class or Age Group | Dates Attended | _ | Current Class or Age Group | Dates Attended |
| edical Information | | | Has the student had any unusual mo | |
| Applicant's Physican | Physician's F | Phone | affect his/her performance in school | Yes No No |
| If yes, please explain. | | | | |
| Please list the names of applicant | 's brothers and siste | rs. | | |
| Name | | Grade | School | |
| Name | | Grade | School | |
| Name latives | | Grade | School | |
| Please list the names of any relati | ves who have attend | ded or who ar | e attending GJA Nursery School. | |
| Name | | Relationship | | |
| Name ference | | Relationship | | |
| Current Classroom Teacher | Address | | City/State/Zip | Phone |
| w did you learn about GJA Nursery S | School? | | | |
| rtify that all information provided above is | s complete and factually | correct and tha | t no substantive information has been omitt | ed. |
| | | rdian Signature | | Date |