



Gyeongnam International Academy

Welcome to Gyeongnam International Academy. Thank you for taking the time to fill out our application. We ask that you fill out this form to the best of your ability. It helps the decision-making process go smoothly. Please fill out both sides.

Date/Time: _____

Name of Mother: _____

Phone Number: _____ Email address: _____

Can the parent converse in English? Yes No

Can the parent read English? Yes No

Name of Father: _____

Phone Number: _____ Email address: _____

Can the parent converse in English? Yes No

Can the parent read English? Yes No

Address: _____

Student Information

Enrollment Date (MM/DD/YY): _____

Full Name of Child: _____

Child's Date of Birth (MM/YYYY): _____

What level and/or program are you applying for? _____

Can the child understand spoken English? Yes No

Can the child speak English? Yes No

Allergies? _____

Special Medications? _____

Special Education Needs? _____

Other concerns? _____



Enrollment Date (MM/DD/YY):

Full Name of Child:

Child's Date of Birth (MM/YYYY):

What level and/or program are you applying for?

Can the child understand spoken English? Yes No

Can the child speak English? Yes No

Allergies?

Special Medications?

Special Education Needs?

Other concerns?

How did you learn about GIA?

Can GIA use photos of your child online, or for marketing purposes? Yes No

Name:

Signature:

Date:

