

STUDENT APPLICATION 2023-2024

Please print clearly and fill out all information. A non-refundable fee of \$100.00 must be submitted with this form.

Date of Application ———	oplication ————————————————————————————————————				
Student's Legal <i>Last</i> Name		'First)	(Middle)		
Student's Preferred Name	Date of Birth				
Sex: Male Female	la		Na Hawaiian or Other Pa American Indian or Alas		
Current School Name			Current Grade		
Does the applicant require an	I-20 visa? Yes No	Is the applicant up-to-date v	vith immunizations? Yes N	0	
PARENT/GUARDIAN INFO	RMATION				
Married Divorced		eparated			
Applicant Resides With (check all that apply):	Both Parents Married Grandparent(s)	h Parents Separated Guardian(s)	Fath Mother Stepfather Other Specify	Stepmother	
Parent 1: ther	N _ther				
Parent's Legal <i>Last</i> Name		(First)		(Title)	
Address			City	State	Zip
Cell Phone		Email Add	dress		
Employer and Occupation		Work Ph	one		
Employer Address		City	State	Zip	
Parent 2: Father	☐ Mother				
Parent's Legal <i>Last</i> Name		(First)		(Title)	
Address			City	State	Zip
Cell Phone		Email Ad	dress		
Employer and Occupation		Work Pho	one		
Employer Address		City	State	Zip	

AFFILIATION			
Religion	Synage	ogue Affiliation or other	
SIBLINGS			
Name	Age	Current School	
Name	Age	Current School	
Name	Age	Current School	
LEGACY Family members who have attended The Gordon School			
Name	Relationship		Years
Name	Relationship		Years
STUDENT INFORMATION			
Has applicant previously applied to the Gordon School? Yes No		If yes, what year?	
Has applicant ever been placed on probation, suspended, expell school? Yes No If yes, please explain the circur Primary language(s) spoken at home: Has the applicant had any formal academic evaluation and/or ps If yes, a copy of the evaluation is required with this application. Has the applicant ever been tested for: Speech/Language/Hearing Yes No	mstances on the back	k of this form.	ny prior
Learning Disability Yes No Occupational Therapy Yes No Physical Therapy Yes No Social/Emotional Difficulty Yes No		ng or therapy for any checked? Yes No	
FINANCIAL Name(s) of the one(s) financially responsible:			
Name(s) of the one(s) financially responsible.			
Will you be applying for financial assistance? Yes No			
Does your child receive any of the following scholarships? Family	y Empowerme	ent McKay Step Up Gardiner)
By signing below, I grant permission to The Gordon School to obtain my of such school, as well as to contact the references and professionals I have and in all related documents is truthful and I understand that any omission being asked to withdraw (if discovered after acceptance). I acknowledge seek access to materials used during the admission process. I further und child continuing to meet the school's academic and social expectations at contracts. The Gordon School welcomes students of any race, color, religious contracts.	e provided to The Gordo ons or misrepresentatio that I am authorized to derstand that my child's nd my continuing to me	on School. I verify that the information supplied on ons may result in my child's application being denied submit this application on behalf of my child. I agri senrollment or continued enrollment (if accepted) is eet the financial commitments set forth in the relev	this application d or my child ee that I will not is subject to my
Signature of Parent or Guardian	Date		
Signature of Parent or Guardian	Date	2	