

GEM STATE ADVENTIST ACADEMY

EARLY ENROLLMENT APPLICATION

Student name _____ Date _____ Current grade (circle one) 5 6 7 8

Name of school where you are currently enrolled (If home school, write home schooled) _____

Name of principal or head teacher _____ School phone # _____ Cell # _____

Name of church you attend _____ Pastor's name _____ Phone # _____

When you are old enough to attend GSAA you will be applying as a: (circle one) Day 4 day boarding 5 day boarding 7 day boarding student

FAMILY INFORMATION

Mother's name	Father's name
Address	Address
City, State, Zip	City, State, Zip
Home or cell phone (please indicate)	Home or cell phone (please indicate)
Email address	Email address
Employer	Employer
Position	Position
Work phone	Work phone

Parent/Guardians' Certification and Authorization:

I declare that the information presented on this form is correct and complete to the best of my knowledge. By my signature, I understand the terms and conditions set forth in this application. Enclosed is my \$100 application fee. Signature of parent/Guardian _____ Date _____

Please enter the name, address and phone# of the person that was instrumental in bringing you to GSA.

FOR OFFICE USE ONLY: Application fee received—\$	Date
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