

Student's Last Name _____ First Name _____ Middle Name _____

Preferred Name _____ Date of Birth ____/____/____

Male Female Social Security Number: _____ - _____ - _____

Applying for _____ grade in September 20____

Has applicant visited Gerstell Academy before? yes no If yes when? _____

Father (Mr., Dr.) _____

Home Address _____

City _____ State _____ Zip _____

Occupation and title _____

Company _____

Business address _____ City _____ State _____ Zip _____

Business phone _____ Mobile phone _____ Home Phone _____

Highest grade completed or degree _____ Colleges attended _____

Mother (Ms., Mrs., Dr.) _____

Home Address _____

City _____ State _____ Zip _____

Occupation and title _____

Company _____

Business address _____ City _____ State _____ Zip _____

Business phone _____ Mobile phone _____ Home Phone _____

Highest grade completed or degree _____ Colleges attended _____

Please indicate if parents are:

married separated divorced mother deceased father deceased

If separated or divorced, with whom does the student reside? _____

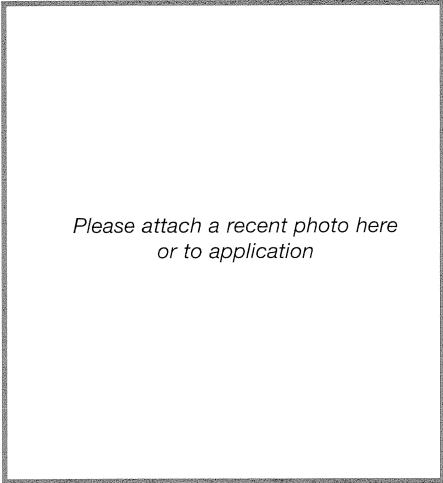
If separated or divorced, to whom should correspondence be sent? _____

Which parent is the primary contact for this application? _____

Who is financially responsible for the applicant? _____

Preferred place of contact: at home at work

May we use your e-mail address as our preferred contact? yes no Preferred e-mail address _____



List the following information regarding all siblings.

Name	Birth date	Present school and grade
_____	_____	_____
_____	_____	_____

To be considered for tuition reduction, please respond to the following questions.

Has sibling matriculated at Gerstell? yes no

If yes, name of student _____

Is either parent currently employed with one of the following: military police fire department

Additional Applicant Information

Present School _____ Grade _____

School Address _____

State _____ Zip _____ School Phone _____

Principal's/Division Director's Name _____

Dates of Attendance _____

Please list name, city, and state of previous schools attended:

_____ from _____ to _____

_____ from _____ to _____

_____ from _____ to _____

Has your child been suspended or asked to withdraw from school before? yes no If yes, please explain why and provide

the name of contact person.

List all relatives who have attended, are attending or have applied to Gerstell.

Name	Dates	Relationship to applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you learn about Gerstell?

drive by web site open house advertisement (indicate name _____)

Gerstell Academy was recommended by: _____

PARENT QUESTIONNAIRE

What qualities are you looking for in the school you choose for your child? _____

How do you define Leadership? _____

At Gerstell Academy we value the development of the whole child. We understand that you have special insight and perspective on your child as an individual and as a student. In order to assist our Admissions Committee in gaining understanding of your child, please provide answers to the following questions:

How might Gerstell Academy suit her/his particular educational needs? _____

What are your child's interests and talents? _____

What would you like Gerstell Academy to know about your child? _____

In order to identify program areas that may be of particular interest to your family, please indicate whether you have consulted a physician or other professional for evaluation in any of the following areas (If so, please attach a copy):

speech and language development emotional or behavioral development educational development

Is there any reason for the applicant not to participate in the full range of school activities? yes no

If yes, please explain. _____

APPLICATION FEE: Please include a \$40 one-time application fee along with this application.

_____/_____/_____
Signature of parent or guardian Date