



**Graysmark Academy  
Student Application**

**Student Information** *(please print legibly)*

Student Name \_\_\_\_\_ Male/Female (circle)

Grade Applying for \_\_\_\_\_ Date of Birth \_\_\_\_\_

Birth City \_\_\_\_\_ Birth State \_\_\_\_\_

Ethnicity / Race \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Previous School Information**

Grade \_\_\_\_\_ School \_\_\_\_\_

School Phone \_\_\_\_\_ School City, State \_\_\_\_\_

**Family Information**

Mother's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Best way to contact you (circle one):    Home Phone            Cell            Email

Father's Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Best way to contact you (circle one):    Home Phone            Cell            Email

*Graysmark Academy offers educational and employment opportunities  
without regard to race, color, national origin, religion, gender or disability.*



**Family Information (Continued)**

Please list all siblings below:

1. Brother/Sister Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_
2. Brother/Sister Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_
3. Brother/Sister Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_
4. Brother/Sister Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Is the student in this application currently enrolled in any special education classes/programs or does the student have a current or expired IEP? Yes / No

Has the student in this application had any early intervention? Yes / No

Has the student in this application attended any Early Childhood programs? Yes / No

Has the student in this application attended any preschool classes? Yes / No

If so where? \_\_\_\_\_

**If you answered yes to any questions above please attach copies of IEP's, Evaluations, Preschool Transcripts and/or report cards.**

*I hereby grant Graysmark Academy permission to use the pupil record of the student named in this application for evaluation and research purposes, under the condition that all information from this record be used under strict conditions of anonymity and confidentiality.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Media/Photo Release Information-Parent Permission:**

I \_\_\_\_\_ (parent name) give permission for any photographs of my child (name above in this application) taken by Graysmark Academy during school hours/activities to be used by Graysmark Academy. I agree to allow the school to publish these photographs in any advertising/brochures, news articles, publications and/or our website.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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