

Fill Out Completely

Student Name (First and Last) _____ Date of Birth (Month / Day / Year) _____

Age as of September 2027 _____ Grade Level in Fall 2027 _____

Street Address / Apt. # / City / State / Zip _____

Parent/Guardian Name _____ Phone (Area Code and Number) _____ Email _____

School Attending in Fall 2027 _____ School District _____

Currently enrolled in the Glassell Junior School? ☐ Yes ☐ No

No If yes, do you have a scholarship? ☐ Yes ☐ No

****Student's completed sketch must accompany this form.***