

*Fill Out Completely*

Student Name (First and Last)

Date of Birth (Month / Day / Year)

Age as of September 2024

Grade Level in Fall 2024

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

Parent/Guardian Name

Phone (Area Code and Number)

Email

School Attending in Fall 2024

School District

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

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

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