

Fill Out Completely

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

Age as of September 2024 Grade Level in Fall 2025

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

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

School Attending in Fall 2025 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.***