



## ELEMENTARY ENROLLMENT APPLICATION 2017-2018

Application Submission Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade entering in fall: \_\_\_\_\_ Gender: \_\_\_\_\_ School District: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Cell: \_\_\_\_\_

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

1. How did you hear about Genesis Classical Academy?

\_\_\_\_\_  
\_\_\_\_\_

2. Please list the school last attended or presently attending:

School's Name:

\_\_\_\_\_

Teacher's Name:

\_\_\_\_\_

City/State:

\_\_\_\_\_

3. Do you know families that attend Genesis Classical Academy? Yes / No

If so, please list them:

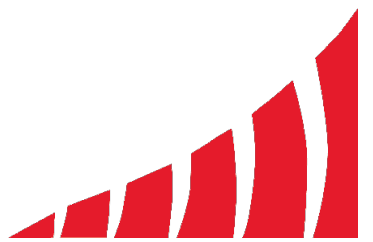
\_\_\_\_\_

4. Your Religious Affiliation (If any): \_\_\_\_\_ Church: \_\_\_\_\_

5. Student Ethnicity:  White, non-Hispanic  Hispanic  American Indian/Alaska Native

Asian/Pacific Islander  Black, non-Hispanic  Two or more races

Prefer not to respond (Data gathered for grant purposes only)



6. Genesis Classical Academy is committed to seeing every student reach his/her full potential. While we are not currently staffed to support students with significant challenges, we have and sometimes are able to serve students with special needs, depending on the individual circumstances. For your child's best interest, please be candid when you answer the following questions. Further elaboration on your answers can take place during a later interview.

a. Has the student received any special honors or awards for scholastic achievements?

Yes / No If so, please describe:

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b. Has the student ever been referred for testing or placed in a special or accelerated program?  
Yes/No

c. Has the student received any other special help or tutoring? Yes / No

\* If yes, has your child been given an IEP or 504? Yes / No

d. Has the student ever skipped or repeated a grade for any reason? Yes / No  
If yes, please explain:

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e. Has the student ever been suspended or expelled by a previous school? Yes / No

f. Has the student ever seen a counselor/doctor/psychiatrist for any type of social, behavioral or emotional difficulty, including ADD, ADHD, hyperactivity or Asperger's Syndrome?

Yes / No

If yes, please briefly state the nature of the problem:

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g. Do you suspect or have you been told your child might have dyslexia? Yes / No  
If yes, please briefly state the nature of the problem:

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7.  I have reviewed the tuition options and I am applying for additional assistance. (Attach your 2016 tax return along with a typed statement indicating the reason for additional tuition assistance and why you would like to send your child(ren) to GCA.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

To complete this application, please include the following:

- A \$200 (non-refundable) registration fee per student K-6, \$100 Preschool.
- A signed student records release form.
- References (please use GCA referral form):

Please mail application and check to: Genesis Classical Academy  
Attn: Admissions  
P.O. Box 735  
Winnebago, MN 56098

*Genesis Classical Academy admits students of any race, color, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded and made available to students at the school. Genesis Classical Academy does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*