



140 E. 16th Ave. Columbus, OH 43201
Phone: (614) 253-4000/(614) 253-4001 **Fax:** (614) 643-5146
Email: info@gemsschool.org

Application for Enrollment

Today's Date: _____

Student Information:

Student Name: _____ **City, State of Birth:** _____
First Middle Last

Date of Birth: ____/____/____ * Note- if applying for Kindergarten, your student must be 5 years old by September 30th

Address: _____
Street City Zip code County of Residence

Home phone number: _____

Gender: M / F

Ethnicity (for state reporting requirements):

1. Is the student Hispanic or Latino (please circle)? Yes / No

2. What is the student's race (please circle all that apply): Native Hawaiian / Other Pacific Islander Asian White
American Indian or Alaskan Native Black or African American

3. What is the primary language spoken at home? _____

Education History:

I am applying for (please circle): KG 1st grade 2nd grade 3rd grade 4th grade 5th grade 6th grade 7th grade 8th grade

School year: 2017-18 or 2018-19

My child has repeated a grade level (circle one): Yes / No If yes, what grade level was repeated? _____

School District of Residence: _____

Yes ___ or No ___, my child is or has been on an IEP (Individualized Education Plan), 504-Plan, or received additional support from outside services/agencies.

*If yes, please provide a copy of the most recent ETR and IEP, or 504-Plan

Names and contact information for past school attendance:

School year School name phone/address

School year School name phone/address

School year School name phone/address

OVER





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Does student currently have sibling at:

The Charles School – Yes / No **The Graham School** - Yes / No **GEMS** - Yes / No

Student name(s) & school name(s): _____

How did you hear about GEMS? _____

Family Information:

Primary Parent/Guardian Name: _____ Relationship to student: _____

Lives with Student? Yes / No Shared Custody? _____ Other _____

Address, if different from Student's: _____

Home phone number, if different from Student's: _____

Work Phone: _____ Cell Phone: _____

E-mail address: _____

Primary Parent/Guardian Name: _____ Relationship to student: _____

Lives with Student? Yes / No Shared Custody _____ Other _____

Address, if different from Student's: _____

Home phone number, if different from Student's: _____

Work Phone: _____ Cell Phone: _____

E-mail address: _____

If student is not living with a biological parent a legal proof of guardianship signed by a judge or magistrate is required.

