



P.O. Box 1120, Coatesville, PA 19320-0119
Phone: (610) 383-4311 Fax: (610) 383-7898
Web Site: www.GraystoneAcademy.org

Enrollment Application 2007-2008 School Year (ONE FORM PER CHILD)

Must Provide Copy of: Student's Social Security Card, Birth Certificate, Immunization Records, Parent's Proof of Residency (utility bill, mortgage statement or lease), current physical and dental evaluations. *No P.O. Boxes Allowed. Must be street address.*

Mail: Completed Application and Documents to address above, or FAX application and necessary documents to 610-383-7898.

Student Information: (Please Print all information)

Social Security #: _____

First name _____ Middle name _____ Last name _____

Street Address _____

City, State and Zip Code _____

Date of Birth _____ () Female () Male

Grade to be completed in June 2006 _____ Grade to be entered Fall 2006 _____

Current School Attending _____ Resident School District: _____

Parent(s) or Legal Guardian(s) Information: Use "Same", if information is redundant

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Street Address _____ Street Address: _____

City, State & Zip _____ City, State & Zip _____

Home Telephone () _____ Home Telephone () _____

Cell Phone (optional) () _____ Cell Phone (optional) () _____

Work Phone () _____ Ext _____ Work Phone () _____ Ext _____

Fax Number (optional) () _____ Fax Number (optional) () _____

E-mail (optional) _____ E-mail (optional) _____

Emergency Contact: Please list up to three (3) individuals we may contact in an emergency.

Emergency Contact 1: Name _____ Relationship _____

Address _____ Telephone Number _____

Emergency Contact 2: Name _____ Relationship _____

Address _____ Telephone Number _____

Emergency Contact 3: Name _____ Relationship _____

Address _____ Telephone Number _____

Pick-Up Authorization: Please list persons (including parents) **WHO HAVE PERMISSION** to take Student out of

School. *Passwords can be the same or individual.* Please tell all persons to guard their password.

Person #1: _____ Password: _____

Person #2: _____ Password: _____

Person #3: _____ Password: _____

Person #4: _____ Password: _____

Student Census: The following is not required, but we ask that you respond so that we may apply for any funding or grants for the education of minorities, and to inform the government of the school's ethnic composition.

Race: () Caucasian Ethnic: _____ () African American () Hispanic () Asian
() Indian () American Indian () Bi-Racial/Other List Races: _____

Parent/Student Focus Survey: In Order to achieve the highest level of service for you and your child, Graystone Academy Charter School requests you complete and return the following Survey. Your answers will not affect your child's placement in Graystone Academy. We request this information in advance so that we may have time to plan and set up policies, procedures and services for your child.

I am interested in a After School Care Program (fee based service) () Yes () No

I will need public school bussing for my child in A.M..... () Yes () No

In will need public school bussing for my child in P.M. () Yes () No

I will need financial assistance for the lunch program..... () Yes () No

My Child has an Allergy (bees, peanuts, medication, etc.) () Yes () No

Allergy: _____

My Child will require medication administered during the school day..... () Yes () No

Medication: _____

My Child has a physical handicap (blind, deaf, paralysis, etc.) () Yes () No

Handicap, Physical Aid Needed and Site Requirements (please list glasses/contacts or hearing aids): _____

My Child has an I.E.P. () Yes () No

Reason: _____

Special Interests of my child (sports, music, dance, art, clubs, etc.): _____

Interested in having the following After School Activities: _____

Parent/Guardian #1 – Please list Volunteer Skills: _____

Parent/Guardian #2 – Please list Volunteer Skills: _____