



A Classical Education ~ A Christian Worldview

Student Admission Application

Student _____
Last First Middle

Address _____

Phone _____ Grade Entering _____ DOB _____

Male [] Female [] SSN _____

Parent/Guardian Information

First/Last Name _____ First/Last Name _____

Relation to Student _____

Address _____

How long _____

Employer _____

Occupation _____

Work phone _____

Work address _____

Church _____

Email _____

Emergency Contact _____ Phone _____

Student's Academic History

Please use additional pages as necessary

School(s), Address, Grades, Reason for Leaving

The Geneva School, Inc.

133 River Street ~ Olyphant, PA 18447

570.489.7620 <http://www.geneva-school.org>



Academic Interests, Abilities and Strengths

Weaknesses, Areas Needing Most Improvement

Has this student been tested or diagnosed for, or enrolled for, any special education program or special school; such as reading difficulty, learning disability placement, attention deficit, etc? Please discuss the result and enclose copies of any reports, IEPs.

Why would you like your child to attend TGS?

Do you, as a parent or legal guardian, give permission to TGS to contact the school previously attended by the student to obtain relevant records? Yes No

Do you have any other information or input that would help The Geneva School in processing this application?

Commitment

I wish to register my child for attendance at The Geneva School for the _____ school year. I have read the Statement of Faith and do not object to my child being educated in accordance with this perspective.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Please return completed application form, along with registration fee, non-refundable, to The Geneva School.