

# *Application for Admission*

*Please send current photo of your child to:  
[admissions@gigharboracademy.org](mailto:admissions@gigharboracademy.org) or  
attach photo to this form  
(Optional)*



**GIG HARBOR  
ACADEMY**

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**Applicant Name:** \_\_\_\_\_

*For consideration of admission, please fill out application and return to  
Gig Harbor Academy  
6820 32<sup>nd</sup> St. NW  
Gig Harbor, WA 98335.*

***A non-refundable application fee of \$150.00 must be included with this application.  
Please mail application fee to above address.***

*All materials submitted in support of an Application for Admission, which includes our admission screening and transcripts, become the property of Gig Harbor Academy. They are treated with confidentiality and will not be released.*

*Gig Harbor Academy does not discriminate in matters of employment, recruitment, admission, or the administration of any of its programs on the basis of race, creed, color, gender, nationality, or ethnic origin.*



# Application for Admission

Current GHA Family?  Yes  No  
 Previous GHA Family?  Yes  No

## Student Information

**Date:**

<i>First, Middle, Last</i>	<i>Preferred Name</i>	<i>Male/Female</i>
<i>Mailing Address</i>	<i>City</i>	<i>State</i>
<i>Phone Number</i>	<i>Date of Birth</i>	<i>Family E-mail</i>
Applying for what grade? <input type="checkbox"/> Prekindergarten (4-5's)* <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 *child must be 4 by August 31 <sup>st</sup> Applying for the school year 20 <input type="checkbox"/> to 20 <input type="checkbox"/>		

## Parent Information

Preferred Title:  Mr.  Mrs.  Ms.  Dr.

Preferred Title:  Mr.  Mrs.  Ms.  Dr.

<i>Full Name</i>	<i>Full Name</i>
<i>Relation to applicant</i>	<i>Relation to applicant</i>
<i>Mailing Address</i>	<i>Mailing Address</i>
<i>City, State, Zip</i>	<i>City, State, Zip</i>
<i>Home Phone</i>	<i>Home Phone</i>
<i>Occupation</i>	<i>Occupation</i>
<i>Employer</i>	<i>Employer</i>
<i>Work Phone</i>	<i>Work Phone</i>
<i>Cell Phone</i>	<i>Cell Phone</i>
<i>E-mail</i>	<i>E-mail</i>

Do you wish to apply for need-based financial aid? (available to K-5<sup>th</sup> grade only)  No  Yes

If parents are separated or divorced, with whom does the child reside? \_\_\_\_\_

Check if appropriate:

Parents Parents Parents Father Mother Father Mother  
 Married  Divorced  Separated  Remarried  Remarried  Deceased  Deceased



3. *Does this student have any health irregularities, allergies, or educational challenges which might interfere with normal classroom or physical education activities?*   Yes No   *If yes, please explain*

4. *In looking back through your child's educational experience, in which ways do you hope that Gig Harbor Academy will be similar? Different?*

5. *Please describe any additional information that may help the school understand your child's needs (include any personal challenges and how they relate to the child's education).*

6. *If applicant is entering 3<sup>rd</sup> – 5<sup>th</sup> grade, have student answer the following question (please attach a separate piece of paper to application): Tell us about an event or situation that made you feel the happiest you ever felt.*

*Please call Susan Lomow, Director of Admissions and Marketing at 253-265-2150 with any questions regarding this application. Thank you.*