2020-21 Application for Admission

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



Applicant Name:

For consideration of admission, please fill out application and return to Gig Harbor Academy 6820 32nd 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.



Current GHA Family? □Yes	$\square No$
Previous GHA Family? ☐ Yes	$\square No$

Student Information			Date:	
First, Middle, Last		Pre	eferred Name	Male/Female
Mailing Address	City		State	Zip
Phone Number	Date of Birth	Family E-mail		
Applying for what grade? □Kinder Applying for the school year 20 □to		□1 □2 □3	4 5	*child must be 4 by August 31
Parent Information				
Preferred Title: □Mr. □Mrs. □M	$Ms. \square Dr.$	Preferred Title:	$\square Mr$. $\square Mr$	s. $\square Ms$. $\square Dr$.
Full Name		Full Name		
Relation to applicant		Relation to appli	cant	
Mailing Address		Mailing Address		
City, State, Zip		City, State, Zip		
Home Phone		Home Phone		
Occupation		Occupation		
Employer		Employer		
Work Phone		Work Phone		
Cell Phone		Cell Phone		
E-mail		E-mail		
Do you wish to apply for need-based	d financial aid? (available to	K-5 th grade only)	$\square No \square Ye$	es
If parents are separated or divorced				
Check if appropriate: Parents Parents	Parents Father Separated D Remarried [Mother	Father	Mother



Sibling Information

Name	Current Grade/So	chool	\overline{Age}
Name	Current Grade/Sc	Current Grade/School Current Grade/School	
Name	Current Grade/Sc		
School History			
Name of present school (if applicable)			
School Address Street	City	State	Zip Code
Telephone ()	Ž		•
Previous schools attended (give names and gr	uues uuenueu).		
Please answer the following question		ach additional sheets	if necessary
	ONS (where applicable). You may atto in the form of special education prog sychological illness, or learning disab	ramming (includ pility including At	ing gifted/talen



3.	Does this student have any health irregularities, allergies, or educational challenges which might interfere with normal classroom or physical education activities? \square Yes \square 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 $3^{rd} - 5^{th}$ 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.