

2022-23 Application for Admission

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



**GIG HARBOR
ACADEMY**

Empowering Joyful Discovery

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 must be included with this application.

Gig Harbor Academy does not discriminate on the basis of race, color, creed, religion, disability, national origin, ethnicity, gender, sex, sexual orientation, gender identity, veteran status, or any other characteristic protected by federal, state, or local law, in the administration of its educational policies, admissions policies, and financial assistance programs, or other school programs.

Date of Application _____

Student Information

Legal First, Middle, Last

Preferred Name

Mailing Address

City

State

Zip

Student's Date of Birth

Family E-mail

Family Phone Number

Student's Gender: Male Female Non-Binary

Other _____

Grade applying for: Kindergarten Prep (4-5's)* *child must be 4 by August 31st K 1 2 3 4 5

Applying for the school year 20__ to 20__

Parent Information

Preferred Title: Mr. Mrs. Ms. Dr.

Preferred Title: Mr. Mrs. Ms. Dr.

Full Name	Full Name
Relation to applicant	Relation to applicant
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 financial aid? (available to K-5th grade only) No Yes

Check if appropriate:

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

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

Sibling Information

Please provide the following information on all applicants' siblings:

Name

Current Grade/School

Age

Name

Current Grade/School

Age

Name

Current Grade/School

Age

School History

Name of present school (if applicable) _____

School Address _____

Street

City

State

Zip Code

Telephone (____) _____ *Current Teacher* _____

Previous schools attended (give names and grades attended):

Please answer the following questions (where applicable). *You may attach additional sheets if necessary*

1. Has this applicant received any assistance in the form of special education programming (including gifted/talented, behavioral intervention, serious physical or psychological illness, or learning disability including Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder)? Please provide documentation if needed.

2. Has this applicant ever skipped or repeated a grade? *Yes* *No* *If yes, please explain*

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 3rd – 5th 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.