



prospective

Greyhills Academy High School

Day ____

NEW SY 2024-2025

PRINT CLEARLY > STUDENT'S INFORMATION:

Student's NAME: _____ SS#: _____
(LAST NAME) (FIRST NAME) (MID INT)

DOB: _____ BIRTH PLACE: _____ (circle one) MALE FEMALE

Tribal Affiliation: _____ Census#: _____ Home Agency: _____

Student's cell #: _____ Student's email: _____

Mailing Address: _____ City: _____ STATE: _____ ZIP: _____

Home Location _____ (draw diagram pg.2)

STUDENT PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian(s)						
Father/Stepfather/Guardian			Relationship to student	Resides with Student Y N (YES NO)	May Excuse Attendance * Y N	Rights to Student Info * Y N
First Name:	Middle	Last Name:				
Employer/Occupation Title			Home Phone	Cell Phone/Pager		
Home address if Different than Student's City/State/Zip			Work Phone	Email Address		
Mother/Stepmother/Guardian			Relationship to student	Resides with Student Y N	May Excuse Attendance * Y N	Rights to Student Info * Y N
First Name:	Middle	Last Name:				
Employer /Occupation Title			Home Phone	Cell Phone/Pager		
Home address if Different than Student's City/State/Zip			Work Phone	Email Address		

NOTE: ALL Guardian(s) shall have certified COURT guardianship on file with the school registrar. (Note: Notary signed Guardianship are not acceptable)

In Case of Emergency Notify: Name/Relationship _____ Phone: _____

Name/Relationship _____ Phone: _____

Previous School Attended: _____ Grade Completed: _____ Drop Date: _____

Address: _____ Telephone: _____

OTHER:What is the primary language of this student? _____

Has student received Special Ed Service or have current IEP? NO ___ YES ___ if yes, specify _____

Has student ever been in the gifted program? NO ___ YES ___ if yes, specify _____

Has student ever been expelled? NO ___ YES ___ if yes, specify _____

NOTE: Any student/parent who willfully misrepresents, falsifies, this information may result in exclusion of student from further consideration for school registration.

Has student ever been retained? NO ___ YES ___ if yes, specify _____

Does your child reside in a fixed, regular, and adequate nighttime residence? YES ___ NO ___

Parent/Guardian Signature: _____ Date: _____

Greyhills Academy High School SY2023-24 STUDENT VISITATION/ CHECK-OUT FORM

NAME: _____ DOB: _____ Grade Level: _____
(LAST NAME) (FIRST NAME) (MID INT)

Parents/Guardian Name: _____

Other Main Contact Phone Number: _____ email: _____

Greyhills Academy High School has enforced a CLOSED CAMPUS POLICY, a student may not be check out for lunch. If the student does get checked out, the parent/guardian must submit to the Attendance Office a statement of absence. An absence is an absence, excused or unexcused. A parent/guardian must come into the school to sign out the student, for the safety of our students, telephone calls and notes WILL NOT be accepted. (GAHS attendance Policy states student is limited to 8 absences a semester, excused & unexcused) you are welcome to view your child's attendance/grade progress periodically.

Name of person authorized to check out/visit with student Don't include parents/ LIMIT is 4 <i>First Middle Last Name</i>	Relationship to student	Contact Number	Resides with student (YES NO)		Visitation		Check Out		Comments/Notes:
			Y	N	Y	N	Y	N	
1.			Y	N	Y	N	Y	N	
2.			Y	N	Y	N	Y	N	
3.			Y	N	Y	N	Y	N	
4.			Y	N	Y	N	Y	N	

I have agreed that the people listed above may contact/check out my child when I am not present, I will not hold the school responsible for anything after my child has been release to the care of the person(s) checking out my child. I will also keep the list updated on a regular basis. **I will be required to come into the office to make future changes to my child's application in person, no phone call or notes will be accepted. Note: People NOT listed will NOT be allowed to contact/check academic status or checkout student. No exceptions.**

Home Location (written direction):

Map to Home location/use space below (be specific):



Parent/Guardian Signature: _____ Date: _____