

THE GRAHAM SCHOOL

3950 INDIANOLA AVE.
COLUMBUS OH 43214
(614) 262-1111
(614) 262-5878 (FAX)

Application.	_____
Rec. Release	_____
Interview	_____
School tour	_____
Accept letter	_____
Bus Form	_____
Birth Cert	_____
Immunization	_____
Confirmation	_____

Application for Enrollment 2012 – 2013

Name: _____
First Middle Last

Date of Birth: _____ City/State of Birth: _____

Address: _____
Street City Zip

Home Phone Number: _____

Last school attended: _____

Current school district: _____ ***Proof of Residency required***

2012/2013 grade: _____ Do you have an IEP, 504, or current learning plan? _____

Month & year first entered or entering 9th grade: _____

Parent/Guardian Names: _____

Relationship: _____ Lives with student? Y N Shared custody

Email address: _____

Work Phone: _____ Cell Phone: _____

We are required by federal law to collect the following information. This has no effect on your enrollment at The Graham School:

Gender M F Is the student Hispanic? Yes No

Race (Select ALL that apply): (I) American Indian or Alaskan Native; (A) Asian; (B) Black or African-American; (P) Native Hawaiian/Other Pacific Islander; (White)

If student is not living with a biological parent a legal proof of guardianship signed by a judge or magistrate is required.

I, (student name) _____, understand that The Graham School is a non-smoking campus. I am not permitted to smoke while on campus, at my internship, or during any school-related activity. I also understand that I am not permitted to drive to school without a signed parking pass from the administration of The Graham School.

Student Signature Date

Parent/Guardian Signature Date