



St. George Home-School Community Learning Center

Growing in Wisdom Together

Application for Admission 2021 – 2022 School year

Email your completed form to frgerasimos@sntgrg.org.

After your application is received, you will be contacted to set up a family meeting time.

Please indicate the learning group for which you are applying:

Pre K/K

Grade 1-3

Grade 4-6

Student Information

Name: Last _____ First _____ MI _____

Preferred Name: _____ Date of Birth: _____ Gender: M F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is the applicant baptized Orthodox? Yes No If yes, Baptismal Name: _____

Family Information

First Parent/Guardian:

Name: Last _____ First _____ MI _____

Relationship to student: _____ Address (Please check if same as student):

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Email: _____ Work Phone: _____

Second Parent/Guardian:

Name: Last _____ First _____ MI _____

Relationship to student: _____ Address (Please check if same as student):

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Email: _____ Work Phone: _____

Church family currently attends: _____

Emergency Contact Information

In case of emergency, please list two people we can contact other than parents/guardians listed above. These individuals will also have permission to pick up your child from school.

Primary Contact:

Name: Last _____ First _____

Relationship: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Secondary Contact:

Name: Last _____ First _____

Relationship: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Does your child have any allergies, medical conditions or special needs? Will he/she need to take medication while at the Learning Center? Yes No

If yes, please describe _____

Application Questions

1. How did you hear about St. George Home-School Community Learning Center? What prompted you to apply?

2. Briefly describe your child's school history. Do you or your child have any experience with Classical, Montessori-style education or home-schooling?

3. What are your child's special interests, talents, activities, and hobbies?

4. What are your child's greatest strengths?

5. In what areas do you hope to see your child make improvements?

6. What is your child's attitude toward school and learning?

I certify that the above information is true and accurate.

Parent Signature _____ Date _____

Date Rec'd _____ Date Assess _____ Admit _____