



Gilsum STEAM Academy Student Application Form

Students interested in attending the Gilsum STEAM Academy for the 2014-2015 school year should submit this application form by May 30, 2014.

Send completed form to Gilsum STEAM Academy, c/o Adrienne Noel, PO Box 38, 640 Rt. 10, Gilsum, NH 03448 or email to anoel@mrsd.org.

Gilsum residents already enrolled at the school do not need to submit this form. Gilsum and MRSD students will have priority for openings. Additional slots will be available to out of district students.

Parents will be notified of the status of the application by June 15, 2014.

Student Information

STUDENT NAME _____ Grade (2014-15) _____ Date of Birth _____
Last First Middle

School currently attending _____

Student's Home (Physical) Address _____

Mailing address _____

Town of Residence _____ Student's home phone _____

OTHER CHILDREN IN THE FAMILY

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Contact Information

WHO DOES THE STUDENT LIVE WITH? Both Parents Father Mother Guardian Other (Adult Care Giver)

PARENTS ARE: Married Divorced Separated Widowed

PARENT/GUARDIAN INFORMATION

Name _____ **Relationship** _____

Phone # _____ Cell # _____ Email _____

Address if different from the student: _____

Name _____ **Relationship** _____

Phone # _____ Cell # _____ Email _____

Address if different from the student: _____

Family and Student Interest

What interested you in the Gilsum STEAM Academy? _____

How would you describe your child as a learner? _____

Parent involvement is an important part of our program. How would you contribute to the development and success of the school? _____

Student Needs

Does the student speak a language other than English? Yes No

Does the student have an IEP (Individual Educational Plan) Yes No

Does the student have a 504 plan? Yes No

Does the student have a disability? Yes No

Do you have other concerns about your child's educational needs? Yes No

Receipt of Records
Special Services Initials

Please explain:

Transfer Information and Educational History

Has this student ever attended a school within the SAU 93? Yes No Dates of attendance _____

Most recent school attended _____ Grade _____

Address _____

Phone Number _____ FAX Number _____

Guidance Counselor's Name _____ Phone Number _____

EDUCATIONAL HISTORY

Grade Levels *School Name* *City, State*

Pre School _____

Kindergarten _____

1, 2, 3, 4, 5 _____