



**STUDENT APPLICATION FORM
2020-2021**

Students Full Name: _____

Birthdate: _____ Male or Female- please circle

Student Address: _____

Home Phone: _____

Proposed Month _____ and Year: _____ to start at GHES. Grade Level entering GHES: _____

School District currently attending _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

Email Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

Email Address: _____

Parent/Guardian Signature: _____ Date: _____

Glacial Hills Elementary does not unlawfully discriminate on the basis of race, color, religion, national origin, sex, marital status, parental status, status with regard to public assistance, disability, sexual orientation or age.

Office Use Only

Date Received: _____ Date Accepted: _____

Lottery #: _____ Waiting List #: _____

Deb Mathias
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