



ENROLLMENT FORM		DATE	
		ID NUMBER	
NAME			
DAY OF BIRTH		PLACE OF BIRTH	
GENDER (Male, Female)			
ADDRESS			
CROSSES WITH (streets)		HOME PHONE	
CITY		ZIP CODE	
MOTHER'S NAME		CELLPHONE	
OCCUPATION		WORK PHONE	
E-MAIL			
FATHER'S NAME		CELLPHONE	
OCCUPATION		WORK PHONE	
E-MAIL			

EMERGENCY CONTACTS			
CONTACT 1		PH.	
CONTACT 2		PH.	
CONTACT 3		PH.	
BLOOD TYPE			
MEDICAL CONDITIONS (Allergies, Important Information)			

Required documents.

- Birth certificate (original and copy)
- Vaccination Card
- Medical Certificate
- Report card from the previous school
- No debt letter
- 2 color photos (Passport size)



Please answer and select the option(s).

- How did you hear about George Washington School?

- It is near my home.
- Friend/family recommendations.
- Other school's recommendations. (Please specify the name of the school)

- Media. (Social media, web page, ads, etc.)
- Ex-Washington School Alumni.
- Other. (Specify)

- Why are you interested in attending George Washington School?

- Great Academics.
- Great English Level.
- It is near my home.
- It has small groups.
- Spanish Program.
- English and Math Program.

- How do you get involved in your child's education?

- Please define "Respect":

- How do you teach this concept to your children?



SCHOOL USE ONLY

CLASS		DATE OF ENROLLMENT	
DATE OF ENROLLMENT PAYMENT			
DATE OF EVALUATION			
EVALUATION FEEDBACK AND REMARKS			