

GEM STATE ADVENTIST ACADEMY

EARLY ENROLLMENT INCENTIVE PLAN APPLICATION

Student name _____ Date _____ Current Grade (circle one) 5 6 7 8

Name of school where you are currently enrolled (If homeschool, write homeschooled) _____

Name of principal _____ School phone _____ Cell # _____

Name of church you attend _____ Pastors name _____ Phone # _____

When you are old enough to attend GSAA you will be applying as a (circle one): Day 4 Day Boarding 5 Day Boarding 7 Day Boarding

FAMILY INFORMATION

Mother's Name	Father's Name
Address	Address
City, State, Zip	City, State, Zip
Preferred Phone	Preferred Phone
Email Address	Email Address
Employer	Employer
Position	Position
Work Phone	Work Phone

Parent/Guardians' Certification and Authorization:

I declare that the information presented on this form is correct and complete to the best of my knowledge. By my signature, I understand the terms and conditions set forth in this application. Enclosed is my \$105 application deposit.

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY: Application deposit of \$105 received: YES NO Date _____
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