

Global Prodigy Academy

place
photo
here

Application for Admission

APPLICANT

Please Print or Type

First Name Middle Last - Name called

Date of Birth Age

Current Grade Candidate for: ☐ 8 th Grade ☐ 9 th Grade ☐ 10 th Grade

☐ Boarding Student ☐ Day Student (please check one) ☐ Male ☐ Female

Applicant's Street Address
()

City State Zip Country

Home Telephone Number Applicant's Email Address

Citizenship (Country) Place of Birth State Country

Primary Spoken Language Language spoken in the home

EDUCATION ☐ Public ☐ Parochial ☐ Private

Current School Years Attended

School Address City State Zip
() ()

School Phone Number School Fax Number

Last two prior schools attended and dates

/ /
Month/Year to Month/Year
/ /
Month/Year to Month/Year

PARENTS

Student lives with (check all that apply):

☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Other

Father

(Mr., Dr., Other) First Middle Last

Home Address

City State Zip

Home Telephone Number

Cell Phone Number

Preferred Email Address

Business Telephone / Business Fax

Position or Title

Mother

(Mrs., Ms., Dr., Other) First Middle Last

Home Address

City State Zip

Home Telephone Number

Cell Phone Number

Preferred Email Address

Business Telephone / Business Fax

Position or Title

Applicant's Signature Parents /Guardian Signature Date

Student Questionnaire and Writing Sample

We are eager to learn about your interests. While we realize that not all applicants have had opportunities for athletic or extracurricular involvement, we do ask that you list any activity, team, position, offices held, theater roles, instruments played, etc. Attach an additional sheet if you need more space.

[illegible]

The following questions to be completed by the student.

Why do you think attending GPA would be a positive experience for you?

What do you hope to accomplish at GPA ?

In what areas do you excel?

In what areas would you like to improve?

In what areas of school life do you see yourself having the greatest impact and why?

Global Prodigy Academy

Parent Questionnaire

Because parents know their children in ways much different from teachers or counselors, we think it is important to give you the opportunity to give us more insight about your child. Your comments will be shared with the admission committee and, if matriculating, with the student's advisor and dorm parent. Your responses will not be part of your child's permanent record. Thank you, in advance, for your thoughtful attention to this request.

Name of Applicant	First	Middle	Last
-------------------	-------	--------	------

Please describe your child's character and personality.

What do you hope GPA experience will do for your child?

Is there anything that we should know about the sequence of your child's education? Has your child ever skipped or repeated a grade? Has your child ever been asked to withdraw from a school, suspended, put on probation, or missed school for an extended period of time? Please explain.

At present, does your child have any physical or mental restrictions affecting his or her ability to participate in School sports or other activities? If so, please describe the nature of the restriction and any reasonable accommodation you feel may be necessary for your child's participation.

Is there anything else you would like us to know?
