

OFFICE OF INNOVATIVE AND SPECIALIZED PROGRAMS Great Scholars Academy Application- 20\_\_\_\_-20\_\_\_\_

Please complete this application and attach the most current report card and standardized test scores. Please print clearly and hand deliver to your requested school site.

STUDENT'S NAME:		Incoming Grade:	(2020_)
STUDENT'S CURRENT SCH	100L:	ID#	
STUDENT'S ADDRESS:		Zip	
PARENT'S NAME:			
EMAIL ADDRESS:			
PHONE: (H)	(C)	(W)	
HOME ATTENDANCE ZON	E:		
REQUESTED SCHOOL SITI	F.		
KEQUESTED SCHOOL SIT	(See at	ttached letter for school sites.)	
<ul><li>grade point average,</li><li>I understand my child</li></ul>	which is the requirement to red d must conform to behavior s	port cards must reflect a 2.5 or higher overa emain in the Great Scholars Academy. standards set by the school and the school s results and report card to this application.	_
Parent's signature		Date	
	For Office	Use Only	
DATE RECEIVED	EBR PERSON	NNEL SIGNATURE	
GPA TEST SC (Attach a copy of most recent standardized te	ORES PROVIDED	Eligible: YES / NO	(Circle one.)
DIRECTOR'S SIGNATURE		DATE	
□ APPROVED □ DISAPPR	ROVED/REASON:		
EBRPSS does	10t discriminate on the basis of race, color	r, national origin, gender, age, or qualified disability.	

**Pink- Parent Copy**