

GRANVILLE ACADEMY

STUDENT REGISTRATION

Method of Payment

Receipt Number

Please print in ink or type responses to all questions.

Complete and return the application with a 50-word essay of why you would like to be admitted to Granville Academy:

Granville Academy
C/o Maurice Mosley
P.O. Box #2891
Waterbury CT 06723

Student Information

Student Name _____

Street Address _____ City _____ Zip Code _____

Home Number _____ Cell Phone _____

Student Email Address _____

Date of Birth _____ Age _____

Siblings Attending Granville Academy:

Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

Future Career Interests _____

Education Information

Name Of Current School _____

Name of Counselor _____ Current Grade _____

Name of Parent(s) or Legal Guardian(s) _____

Email Address of Parent(s) or Legal Guardian(s) _____

Contact number of Parent(s) or Legal Guardian(s) if different from above _____

I give permission to the Granville Academy to get the above student's report card.

Signature of Parent/Legal Guardian _____

The Granville Academy of Waterbury, Inc admits students of any race, color, nationality and ethnic origin to all the rights, privileges, programs and activities generally accorded to students at the school. It does not discriminate on the basis of race, color, nationality and ethnic origin in the administration of its educational policies, scholarship and loan programs, and athletic and other school administered programs.

Emergency Information

Does your child have any health issues: _____ Yes _____ No

If yes, briefly describe

Does your child take medication: _____ Yes _____ No

If yes, briefly describe

Emergency contact people (LIST ADULTS ONLY PLEASE)

1. _____

Name	Address	Phone#
Cell		

2. _____

Name	Address	Phone#
Cell		

Should any emergency arise, you have my permission to have my child taken to the hospital and to be treated there by that facility's staff.

Signature of Parent/Legal Guardian _____ Date _____

Transportation Information

Parent or Legal guardians are responsible to transport their child to and from each Granville Academy session and special events (unless Granville Academy provides transportation).

List additional adults allowed to transport your child to and from Granville Academy:

1. _____

Name	Address	Phone#	Cell
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2. _____

Name	Address	Phone#	Cell
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In the event of an emergency where I am unable to pick up my child, I give permission to the Granville Academy to arrange transportation for my child as needed.

Signature of Parent/Legal Guardian _____ Date _____