



**APPLICATION FOR ADMISSION 2024-2025**

2722 East Main St  
Durham, NC 27703

Grade Entering: K    1 <sup>st</sup> 2 <sup>nd</sup>
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**Student's Information**

Student's Last Name:	Student's First Name:
Date of birth:	Student's Middle Name:
Circle :    male                  female	What name do you call your child?
Please check which of the following is true: Child lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Other (please name) _____ Who is the legal guardian? _____ Address where child resides: _____	

**List two most recent School/Preschools/Day Cares**

School:	Dates attended:
School Address:	Phone:                  Teacher's Name:
School:	Dates attended:
School Address:	Phone:                  Teacher's Name:
Total Household Income (circle):    \$0-19,999    \$20,000-24,999    \$25,000-29,999    \$30,000-34,999 \$35,000-39,999    \$40,000-44,999    \$45,000-49,999    \$50,000-54,999    \$55,000-59,999    \$60,000-64,999 \$65,000 and above Parents' Income _____    Number of persons living in the household: _____ <b>Please include a recent paycheck stub, Tax Return or W-2 with this application.</b> Names and ages of everyone living in household _____	

**Father (please note the BEST contact method--phone call, text or email)**

Name:	Email:
Address:	City, State, Zip:
Home phone:	Cell phone/pager:
Place of work/Address:	Occupation
Highest Education completed:	Work phone:

**Mother (please note the BEST contact method--phone call, text or email)**

Name:	Email:
Address:	City, State, Zip:
Home phone:	Cell phone/pager:
Place of work/Address:	Occupation
Highest Education completed:	Work phone:

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**To fully accommodate the needs of your child, please answer the following:**

Does your child have any special academic needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Does your child have any special medical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any special social needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Whom may we call in case of Emergency:**

Emergency Contact #1- Name/relationship to child:	Home Phone:
	Cell Phone:
Address:	Work Phone:

Emergency Contact #2- Name/relationship to child:	Home Phone:
	Cell Phone:
Address:	Work Phone:

Gift of Knowledge Academy admits students of any race, color, national or ethnic origin. All rights, privileges, programs and activities are generally made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admission policies, scholarship programs, athletic or other school-administered programs.

**Parent (or Legal Guardian) Statement:**

In making application for my child to attend Gift of Knowledge Academy, I affirm that all of the information on this form is true to the best of my knowledge. **I understand that this application does not guarantee my child admission to Gift of Knowledge Academy.**

**It is understood that the signature of one of two parents or guardians implies the consent of the other.**

Signature of parent(s) or legal guardian	Date

**Nonrefundable Application Fee:** \$15 (Fee is waived)

Enrollment of students in Gift of Knowledge Academy is a privilege, not a right, parents must understand that enrollment, continued enrollment, and re-enrollment of their child(ren) is dependent on the support of the school, its staff, and its policies.

Parent(s) signature: \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_