

SOMERSET ACADEMY



Somerset Academy Grace Charter School
624 Anastasia Avenue
Coral Gables, FL 33134
Phone: 305-442-8626 Fax: 305-442-8627

APPLICATION FORM 2012-2013

Thank you for expressing your interest in Somerset Academy Gables. Please complete the application form below for the 2012-2013 school year. One form must be completed per student. We thank you in advance for your support and look forward to meeting with you.

First Name: Last Name: Middle Initial:

Student's D.O.B. (MM/DD/YY): Gender: Male Female

Name of School Currently Attending:

Incoming Grade Level for the 2012-2013 School Year:

PK3 PK4 KG 1st 2nd 3rd 4th 5th 6th 7th 8th

Name of Parent or Guardian:

First Name: Last Name:

Relationship to Student:

Address: City: State: Zip:

Email: Phone: Cell:

Name of Parent or Guardian:

First Name: Last Name:

Relationship to Student:

Address: City: State: Zip:

Email: Phone: Cell:

How did you hear about Somerset Academy Gables?

Post Card Newsletter Newspaper Somerset SOMI UBC

Friend/Other (If friend/other, please enter where):

[] Check here if you would like to be a member of the Somerset Gables Parents Association. You will be receiving updates via email regarding the school.

Your privacy is important to us. Somerset Academy Gables will not share, sell or disclose your personal information to third parties. It will only be used to transmit information pertaining to our organization.

This form may be accepted as a formal application pending final approval process.