



Grapevine Faith Christian School
CREATIVE ARTS ENRICHMENT PROGRAM

STUDENT APPLICATION

Date: _____ Birthday: _____ Age: _____ Grade: _____

Homeroom Teacher: *(if elementary)* _____

STUDENT NAME: _____
Last First Middle

Home Phone: _____ Student Cell Phone: _____

Student Email: : _____

Street Address City Zip Code

FATHER NAME: _____
Last First Middle

Home Phone: _____ Dad Cell Phone/s: _____

Father Email/s: : _____

MOTHER NAME: _____
Last First Middle

Home Phone: _____ Mom Cell Phone/s: _____

Mother Email/s: : _____

OTHER EMERGENCY CONTACTS: _____

ENRICHMENT LESSON REQUESTED: _____

Choice of Time for Enrichment Lesson: 1st: _____; 2nd: _____; 3rd: _____

Elective Class Period/Time: _____ P.E. Period/Time: _____

Conflict Days and/or Events: _____