

Date: _____

Applicant Information

Student Name: _____
Last First Middle

Physical Address: _____

Mode of transportation to/from school: _____

Date of Birth: _____ Current grade level: 9 10 11 12

School currently enrolled in: _____

If NOT a GMCS school, have you ever attended a GMCS school? Yes No

Current GPA: _____ Are you a GATE student? Yes No

Father/Guardian Name: _____

Father/Guardian phone number: _____

Father/Guardian email: _____

Mother/Guardian Name: _____

Mother/Guardian phone number: _____

Mother/Guardian email: _____

Student Phone number: _____

Student email: _____

Student Signature

Date

Parent/Guardian Signature

Date

Return this application to McKinley Academy, 705 Gurley Avenue, Calvin Hall, Room 106 **OR** give to your current guidance counselor **OR** you can email the application to tbayless@gmcs.k12.nm.us.

If you are out of district you must provide a current transcript with your application.