



George Visual and Performing Arts K-8 Magnet School

10650 Bartlett Avenue
Adelanto, CA 92301 760-246-8231

George Application

Date: _____ School Year: _____

Parent Name: _____

Residential Address: _____

Home Phone: _____ Alternate: _____

Relationship to Student: _____

Student Name: _____ Birthdate: _____ Grade: _____

Student Name: _____ Birthdate: _____ Grade: _____

Student Name: _____ Birthdate: _____ Grade: _____

Student Name: _____ Birthdate: _____ Grade: _____

Do you have a student who is currently enrolled at George School? _____

Name: _____ Grade: _____

To better serve your student, please indicate below if he/she is receiving special education services or is enrolled in a special program. _____

The following documents are required to be sent with the application:

- Copy of last report card
- Copy of attendance record for one full school year
- Copy of the discipline record. If none, have the school indicate as such.

By signing below with a digital signature, you are stating that you are the legal Parent/Guardian and you are interested in having your child(ren) transfer to George School.

Parent Signature

Date

Office Use Only: Approved _____

Denied _____