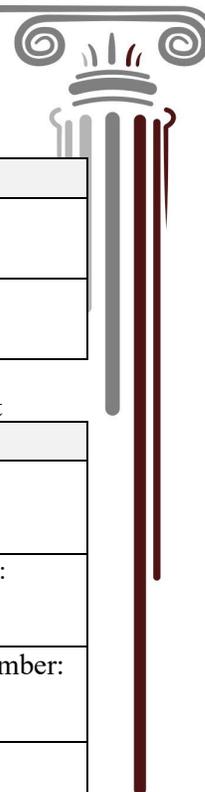


Enrollment Requirements

Please bring the following documents with you at time of enrollment to secure your students' seat at George Gervin Prep Academy. Enrollment cannot be processed without the following documents.

- Completed Enrollment Form
- Arizona Proof of Residency Documentation Form
- Arizona Proof of Residency
- Students' Proof of Age and Identity
 - Acceptable Documents Include:
 - Birth Certificate
 - Other reliable Proof of Identity AND a Notarized Affidavit
 - May include a baptismal certificate, an application for a social security number, and/or original school registration records.
 - A letter from the authorized representative of an agency having custody of the pupil, pursuant to Arizona Revised Statutes, Title 8, Chapter 2, certifying that the pupil has been placed in custody of the agency as prescribed by law.
- Parent/Guardian Identification



Student Enrollment Form

For School Use Only		
Received By:	Student Start Date:	Entered By:
Received Date:	SIS Enter Code:	SIS Enter Date:

Please print all information as it appears on the supporting legal documents, as required for enrollment

Student Information		
Legal Last Name:	Legal First Name:	Legal Middle Name:
Preferred Name (optional):	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Current Grade Level:
Date of Birth MM/DD/YYYY:	Birth State/Country:	Primary Phone Number:
Are there any custody agreements regarding this student? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide appropriate court documentation.		
Home Address, City, State, Zip Code:		
Mailing Address, City, State, Zip Code:		
Primary Email Address:		
Ethnicity (check one): <input type="checkbox"/> YES, Hispanic/Latino <input type="checkbox"/> NO, Not Hispanic/Latino		
Race (check one or more): <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Tribal Name (optional):
Does this student have any siblings who currently attend GGPA? YES NO If YES, please list them below:		
Siblings' First and Last Names:		Siblings' Grade Levels:

George Gervin Preparatory Academy welcomes all incoming students and does not discriminate in admissions, enrollment, or educational services on the basis of race, religion, ethnicity, disability, gender, or sexual orientation.

Signature of Parent/Legal Guardian

Date

Building Bridges of Hope and Opportunity



Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

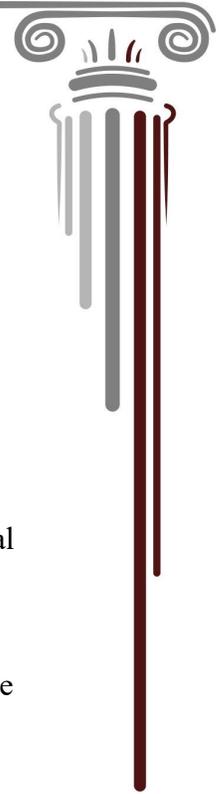
As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- _____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



Registration Requirements

The following information and documentation are required for attendance but is not required for enrollment. Parents/Legal Guardians are encouraged, however, to submit the following, if available at the time of enrollment, to ensure the timely provision of services to the student.

- Immunization Records
 - Must be consistent with the Arizona Department of Health Guidelines A.R.S.§15-872 and -873
- Completed ADE Official Notice of Pupil Withdrawal Form
 - All students who previously attended an Arizona school must submit a properly completed and signed ADE Official Notice of Pupil Withdrawal form prior to attending the school. A.R.S.§15-827.
 - An ADE Official Notice of Pupil Withdrawal form is included in this enrollment packet. You may submit this form directly to the student's prior school, or you may complete items 1 through 15 and return it to the School for submission to, and completion by, the prior school.
- Completed Registration Packet Including:
 - Authorization for Release of Records
 - Parent/Legal Guardian Information
 - Emergency Contact Information
 - McKinney-Vento Student Residency Questionnaire
 - ADE Home Language Survey
 - Family Educational Rights & Privacy Act (FERPA) Information Disclosure Consent
 - Student Health Screening
 - School Policies & Media Opt. Out Form
 - Transportation Request Form
 - Attendance Policy Agreement
 - Scholar/Parent Handbook Statement of Awareness



Authorization for Release of Records

George Gervin Prep Academy is required to request academic records from the student's previous school. A.R.S. §15-828(G).

Date: _____

Name of Previous School: _____

School's Phone Number: _____ Fax Number: _____

In accordance with Arizona Revised Statute 15-828, I authorize the release of all records, including birth certificate, academic (educational), medical (health), psychological, special education, social developmental, and gifted information regarding the following pupil:

Student's Name: _____ Date of Birth: _____

Please forward the following cumulative information/records of the student above:

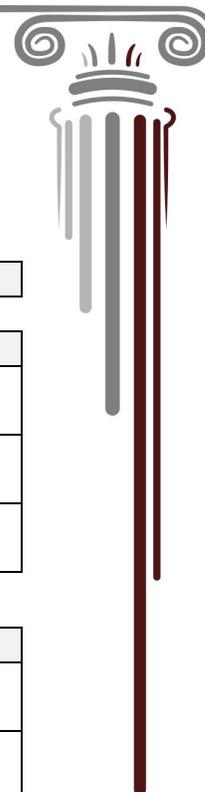
- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> SPED Records: IEP & MET or Section 504 |
| <input type="checkbox"/> Withdrawal Form | <input type="checkbox"/> Speech, Gifted, and Talented Records |
| <input type="checkbox"/> Report Card | <input type="checkbox"/> All Academic Records |
| <input type="checkbox"/> State Test Scores | |
| <input type="checkbox"/> English Language Scores | |

Please send records via fax to 602.633.6787 or email at info@gervinprepacademy.org.

Signature of Parent/Legal Guardian

Date

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Parent/Legal Guardian Information

Any parent or guardian listed on this page will be granted educational rights and release-to rights for the student, unless otherwise indicated by the appropriate custody documents.

Who does the student live with? Mother Father Step-Parent Guardian Relative

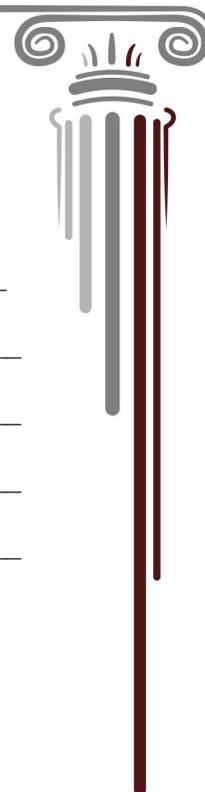
<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster Mother <input type="checkbox"/> Guardian		
Last Name:	First Name:	Email Address:
Address, City, State, Zip-Code:		
Cell Phone:	Work Phone:	Home Phone:

<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster Father <input type="checkbox"/> Guardian		
Last Name:	First Name:	Email Address:
Address, City, State, Zip-Code:		
Cell Phone:	Work Phone:	Home Phone:

 Signature of Parent/Legal Guardian

 Date

Building Bridges of Hope and Opportunity



Emergency Contact Information

In case of emergency, or if I cannot be contacted to pick up my child. I hereby authorize the following individual(s) to pick up my child and/or can be contacted regarding my child.

Relation: _____ Name: _____ Phone Number: _____

If Medical Care is Necessary, Please Call:

Doctor's Name: _____ Office Phone Number: _____

Hospital Name: _____ Address: _____

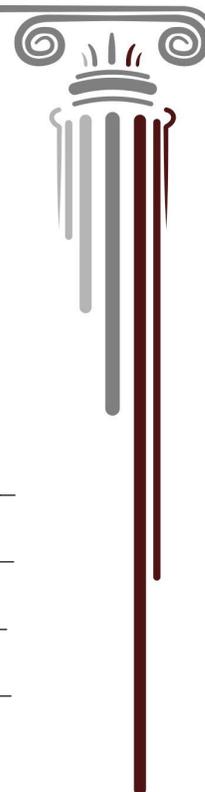
In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me or the emergency contacts listed, I hereby authorize the school to call the doctor indicated above and to follow his/her instructions. If it is impossible to contact the doctor; the school may make whatever arrangements, they deem necessary.

I hereby give authority to any hospital or doctor to render immediate aid to my child as might be required at the time for his/her health and safety. It is understood by me that the expenses of this service will be accepted by me. This Emergency Information Form is accurate and complete, as was completed and provided by:

Signature of Parent/Legal Guardian

Date

Building Bridges of Hope and Opportunity



Arizona Student Residency Questionnaire

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

Section A

Today's Date: _____

Name of individual completing this form: _____

Your phone number: _____ Your email address: _____

Student's name: _____

Last school attended: _____ Current grade: _____ Birth date: _____

Do you have additional children attending our school? Yes No

Do you have children of preschool age? Yes No

Please provide information about additional children attending our school or of preschool age.

Last Name	First Name	Grade

Address of where the student slept last night: _____

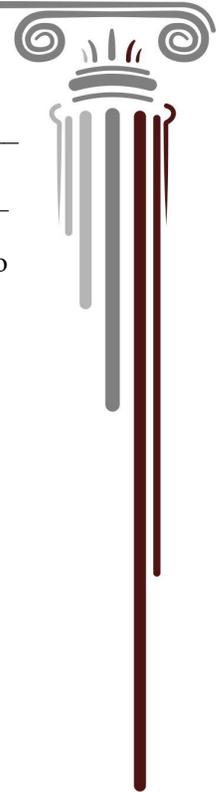
Is this address based on a temporary living arrangement due to the loss of housing? Yes No
(Examples: sharing the housing with others due to economic hardship or similar reasons; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

 Signature of Person Providing Information
 and/or Parent/Legal Guardian

 Date

NOTE: If you checked "No" to the temporary living arrangement, you may stop here. If you checked "Yes", please continue to the next section.

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Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes No

Please place an "X" in each box that best describes where the student sleeps at night.

- In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- Staying with a friend or relative because of loss of housing, economic hardship, or similar reasons. What date did you begin staying here? _____
- In a shelter/transitional housing program (name of agency): _____
What date did you begin staying here? _____
- In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)
Provide the main cross streets of this unsheltered location:

- In a hotel/motel (name of hotel/motel & address): _____
What date did you begin staying here? _____
- With an adult that is not a parent or court appointed legal guardian
- Alone, not in the care of a parent or court appointed legal guardian
- None of the above (Please explain):

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information
and/or Parent/Legal Guardian

Date

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. Do not make copies of this form. If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Building Bridges of Hope and Opportunity



Homeless Education

The Educational Rights of Homeless Children and Youths

The LEA shall provide an educational environment that treats all students with dignity and respect. Every student experiencing homelessness shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of children, youth, and unaccompanied youth experiencing homelessness applies to all services, programs, and activities provided or made available by the LEA.

McKinney-Vento Definition of Homeless:

The term “homeless children and youth”— means individuals who lack a fixed, regular, and adequate nighttime residence [\[42 U.S.C. § 11434a\(2\)\]](#).

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney-Vento Homeless Assistance Act if presently living in one of the following situations:

- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
Living in emergency or transitional shelters; or are abandoned in hospitals,
- Have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- Is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above.

To remove educational barriers for children and youths experiencing homelessness, the McKinney-Vento Homeless Assistance Act mandates the following:

Immediate Enrollment: Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. §11432(g)(3)(C)].

School Selection and Maintained Enrollment: McKinney-Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed or enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is living are eligible to attend [42 U.S.C. §§11432(g)(3)(A); (g)(3)(B); (g)(3)(I)(i)].

School of Origin	School of Residency
The school the student attended when permanently housed	The school in the attendance area in which the student currently resides
The school in which the student was last enrolled	

Transportation Services: McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. §11432(g)(1)(J)(iii)].

Participation in Programs: McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. §§11432(g)(4); (g)(6)(iii)].

Unaccompanied Youth Experiencing Homelessness: McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. §1432(g)(1)(H)(iv)].

Access to Extracurricular Activities: Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. §11432(g)(1)(F)(iii)].

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a dispute with the school district by contacting the McKinney-Vento Homeless Liaison within seven (7) business days of receiving the written eligibility determination notification [42 U.S.C. §11432(g)(3)(E)].

Appointment of a McKinney-Vento Homeless Liaison: The McKinney-Vento Homeless Assistance Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. §§11432(g)(1)(J)(ii); (g)(6)(A)].

For more information, refer to [Arizona Department of Education Homeless Education Program, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths](#), and [the Arizona ESEA Consolidated State Plan](#). You may also contact:

<p>LEA Homeless Liaison Jennica Jackson 2801 E. Southern Ave, Phoenix AZ. 480-219-2121 jjackson@gervinprepacademy.org</p>	<p>State Homeless Education Program Coordinator Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ 85007 (602) 542-4963 Homeless@azed.gov</p> 
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Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

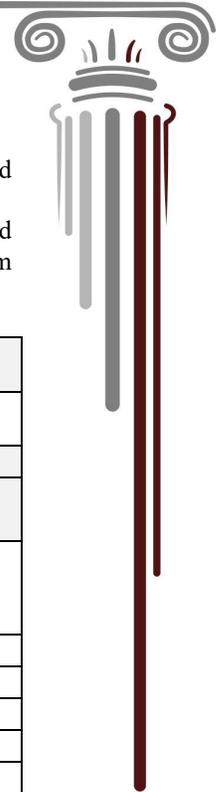
2. What language does the student speak *most* of the time?

3. What language did the student *first* speak or understand?

Student Name_____	District Student ID_____
Date of Birth_____	SSID_____
Parent/Guardian Signature_____	Date_____
District or Charter_____	
School_____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.
In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 05-2023)



Student Health Screening

Written permission is necessary before medication can be given to your child. Written permission is valid only for the current school year. Students who need to have access to prescription or over the counter medication in school must provide the medication to the Health Tech along with a parent/guardian signed medication administration form. Medication must be in its original container with written directions from the prescribing physician.

Student's Last Name	Middle Initial	First Name	
Medical History (all questions are optional)			
Health Condition	YES/NO (Circle One)		Age Started
Allergy (food or substance) If Yes, Please List	YES	NO	
Asthma	YES	NO	
Convulsive Disorder	YES	NO	
Tuberculosis	YES	NO	
Chicken Pox	YES	NO	
Diabetes	YES	NO	
Heart Condition	YES	NO	
Measles	YES	NO	
German Measles	YES	NO	
Mumps	YES	NO	
Rheumatic Fever/Scarlet Fever	YES	NO	
Tonsillitis	YES	NO	
Valley Fever	YES	NO	
Does your child have any hearing difficulties?	YES	NO	
Does your child wear prescription glasses or contacts?	YES	NO	
Does your child have any speech difficulties?	YES	NO	
Does your child have any chronic health condition?	YES	NO	
Does your child take any daily medication or treatment?	YES	NO	
Has your child had any surgery within the last year?	YES	NO	
Any other health issues the school needs to be aware of?	YES	NO	

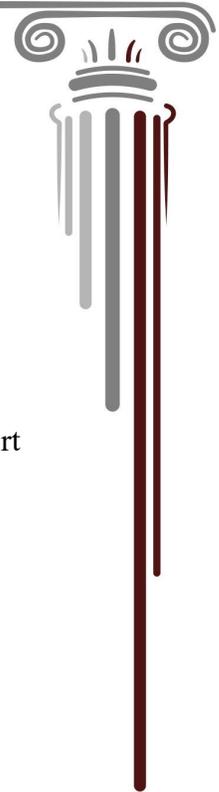
Your child will get their hearing and vision tested, if you do not want the school to test your child, please notify the school in writing.

I understand that it is my responsibility to notify the GGPA Health Tech of any changes to my child's health.

Signature of Parent/Legal Guardian

Date

Building Bridges of Hope and Opportunity



School Policy Support & Media Agreement Form

Student Name

Date of Birth

Grade

School Policy Support Agreement

As parent/guardian of a child attending George Gervin Prep Academy, I agree to support the school in carrying out the policies and procedures as indicated within the Scholar/Parent Handbook. With the knowledge that George Gerin Prep Academy is a charter school, and therefore I have voluntarily enrolled my child.

District & News Media Consent

The media sometimes covers events at our school. Your child may be interviewed, recorded, photographed, or videotaped by the media or district for a story in the newspaper, radio, or television. In some cases, news photos may be posted on the internet for public access. Your child's name, photo, or interview may be used in school or district level publications or by the media unless you direct otherwise.

Please check the appropriate box(es) below if you would like your child to be **excluded** from the following activities:

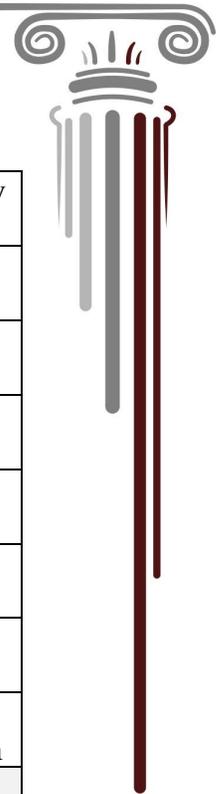
- I do not want GGPA staff to interview, record, photograph, or videotape my child for use in publications or videos, or in promotions, such as advertisements.

- I do not want the news media to interview, record, photograph, or videotape my child for a story in the newspaper, radio, or television.

Signature of Parent/Legal Guardian

Date

Building Bridges of Hope and Opportunity



Transportation Request Form

<input type="checkbox"/> Yes, I would like transportation for my student.	<input type="checkbox"/> No, I will provide transportation for my student.
Student Name:	Student Grade:
Parent/Guardian Name:	
Primary Contact Number:	
Home Address, City, Zip-Code:	
Major Crossroads:	
Effective Date:	Request Type: <input type="checkbox"/> New <input type="checkbox"/> Change
Time of Transportation: <input type="checkbox"/> Morning Only <input type="checkbox"/> Afternoon Only <input type="checkbox"/> Both Morning & Afternoon	
School Use Only	
Transportation Type: <input type="checkbox"/> Bus <input type="checkbox"/> Van	AM Route & Time:
<input type="checkbox"/> Copy Given to Driver	PM Route & Time:
	Staff Signature & Date:

I understand and acknowledge that student transportation services are limited and are provided based on current availability, staffing, routing capacity, and the requested pick-up/drop-off location.

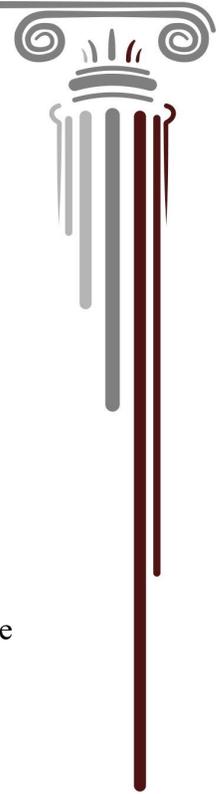
I further understand that submitting a transportation request does not guarantee that transportation will be available or approved. Transportation services may be delayed, modified, or denied due to capacity constraints or feasibility of the requested location.

I also understand that transportation is a privilege and that transportation services and/or privileges may be suspended or removed if a student or family violates expectations outlined in the Scholar/Parent Handbook, including but not limited to behavioral violations, safety infractions, or repeated noncompliance with transportation procedures.

Signature of Parent/Legal Guardian

Date

Building Bridges of Hope and Opportunity



Attendance Agreement

Arizona law places responsibility on the parent/guardian to ensure school attendance. Under A.R.S. § 15-802, every child between the ages of 6 and 16 is required to attend school during the hours school is in session, unless legally excused.

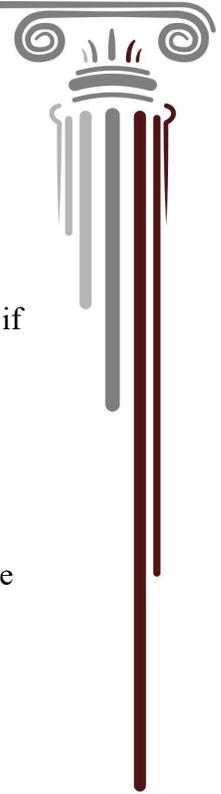
I acknowledge that I have received and read the Attendance Policy located in the Scholar/Parent Handbook. I understand that regular attendance and punctuality are required by Arizona law as well as school policy and agree to follow the attendance procedures described in the Scholar/Parent Handbook.

George Gervin Prep Academy reserves the right to refer parents/guardians to the Maricopa County Juvenile Court Unified Truancy Suppression Program (C.U.T.S.) if a student's absences or tardies exceed 19 instances, with appropriate notification from the school.

Signature of Parent/Legal Guardian

Date

Building Bridges of Hope and Opportunity



Scholar/Parent Handbook Statement of Awareness

I, _____, the scholar (print name), have received and read a copy of the George Gervin Prep Academy Scholar/Parent Handbook. I understand that if I choose not to follow the expectations and the rules set forth in the Handbook, I am subject to the disciplinary action as set forth by the Handbook.

I, _____, the Parent/Guardian (print name) of the above Scholar, have received and read a copy of the George Gervin Prep Academy Scholar/Parent Handbook. I understand that if I or my child chooses not to follow the expectations and the rules set forth in the GGPA Handbook, the Scholar is subject to the disciplinary action as set forth by the Handbook.

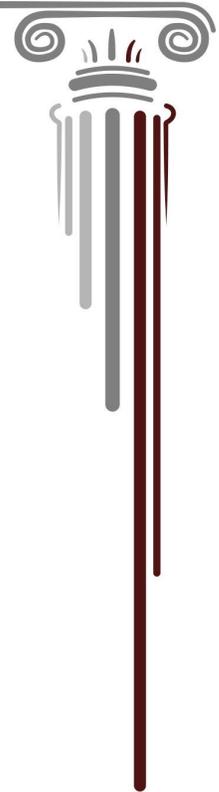
Signature of Scholar

Date

Signature of Parent/Legal Guardian

Date

Building Bridges of Hope and Opportunity



Attention Parents & Caregivers

House Bill 2019 A.R.S 15-249.19 - Water Safety & Swimming Lessons

December 15, 2025

Dear Parents and Guardians,
Subject: New Arizona Law – Water Safety and Swimming Lessons Initiative - HB 2019

We are writing to share important information about a new Arizona law, House Bill 2019 (A.R.S. 15-249.19), aimed at helping keep children safe in and around water.

Why This Matters

Drowning is one of the leading causes of accidental death among young children in Arizona. Many of these tragedies are preventable through early water safety education and swimming instruction. The new “Every Child a Swimmer” initiative makes it easier for families to access trusted resources to teach children vital swimming and water safety skills.

What the Law Requires

All Arizona school districts and charter schools shall:

Upon student enrollment, provide parents and guardians with a list of certified water safety and/or swimming lesson programs, as posted on the Arizona Department of Education website.

Our Commitment to You

In alignment with HB 2019, The Arizona Department of Education has compiled a list of Arizona water safety and swimming programs that meet the law’s requirements. This information can be found on the Arizona Department of Education’s School Safety Unit webpage, for your convenience. We encourage you to review these options and consider enrolling your child in a program that meets your family’s needs.

Together for Safety

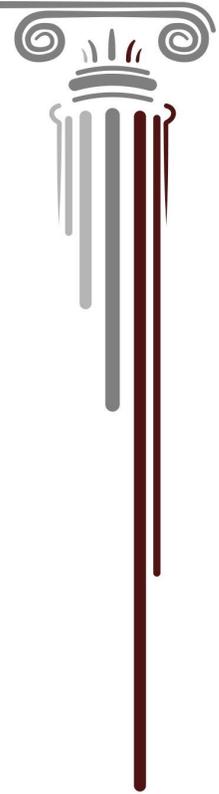
By working together as a school community, we can help prevent water-related accidents and give every child the confidence and skills they need to stay safe around water.

Thank you for partnering with us to keep all children safe.

Sincerely,

Katlin Hewson
Principal
George Gervin Prep Academy
480-219-2121

Building Bridges of Hope and Opportunity



George Gervin Prep Academy

Student Entrance Survey

Purpose: To help us understand what brought your family to GGPA so that we can continue doing what works and improve where needed to ensure the best space and opportunities for your child.

Confidentiality: Responses are reviewed by GGPA leadership to help inform school improvement and family engagement. Results may be shared or summarized without names or other identifying information.

A. Student & Family Information

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Date: _____

Best way to contact you: Text Phone Email Paper sent home

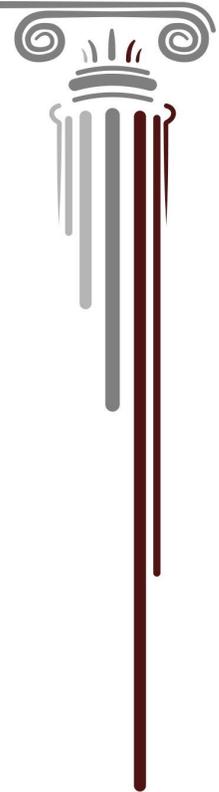
Preferred Language of Communication: English Spanish Other: _____

B. Why GGPA?

1. What were the primary reasons for choosing GGPA? (Select up to 3)

- Strong Academics
- Safe, Caring Environment
- Small Class Sizes
- After-school Programs/Sports
- Art/Music Programs
- Positive School Culture/Disciplinary Approach
- Reputation/School Rating/Test Scores
- Transportation/Commute Convenience
- Sibling Already Enrolled
- Word of Mouth
- Tuition-Free Public Charter Option
- Other (please specify): _____

Building Bridges of Hope and Opportunity



2. How did you first hear about GGPA? (Select all that apply)

- Friend/Family Referral
- Current GGPA Parent/Staff
- School Website
- Social Media (Facebook/Instagram/Other)
- Community Event
- Flyer/Postcard/Billboard
- School Tour/Open House
- Previous School Staff
- Sports/Club/Coach Connection
- Other: _____

3. Before enrolling, did you consider any other school options?

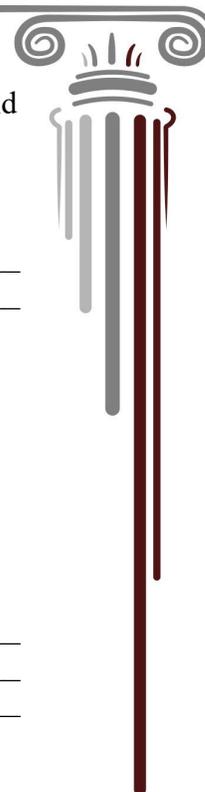
- Yes No

If Yes, which school(s)? _____

4. Please rate how important each factor is in deciding a school for your child.

(1 = Not Important, 5 = Extremely Important)

Factor	1	2	3	4	5
Safety & Supervision	<input type="checkbox"/>				
Academic Quality	<input type="checkbox"/>				
Caring Adults and Mentors	<input type="checkbox"/>				
High Behavior Expectations	<input type="checkbox"/>				
After-School Programs	<input type="checkbox"/>				
Sports/Athletics	<input type="checkbox"/>				
Arts/Music	<input type="checkbox"/>				
Transportation/Location	<input type="checkbox"/>				
Communication with Families	<input type="checkbox"/>				
College/Career Readiness	<input type="checkbox"/>				
School Reputation	<input type="checkbox"/>				
Cost/Tuition (tuition-free)	<input type="checkbox"/>				



5. Did you or do you have any hesitations or concerns with enrolling your child at GGPA?

Yes No

If Yes, please share your concerns:

6. How has your experience been so far? (i.e. Enrollment, Tour, Communication, etc.)

Excellent Good Okay Needs improvement

What went well? _____

What could we improve? _____

7. Any other suggestions or comments?

8. May a staff member contact you regarding your feedback?

Yes, you may contact me No, not at this time

****Staff Use Only****

Entered by: _____ Date: ____ / ____ / ____

Notes/Follow-up Needed: _____

Building Bridges of Hope and Opportunity

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