

Georgia Storm Prep Academy Admission Application Form

Applicant Information

Full Name:			Date of Birth:		
	Last	First		M.I.	
Address:	Street Address				Apartment/Unit #
	City			State	ZIP Code
Primary Pho	ne:F	Phone Carrier:	E	mail:	
Social Secur	rity Number:	Ge	nder: Male	Female	Race:
If under 18 yrs Guardian Fu					Relationship:
	Last	First		M.I.	
Address:	Cton at Addman				A
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Primary Pho	ne:F	hone Carrier:	- E	mail:	
		Educational In	nformation		
High School			City:		State:
From:	To:	Did you graduate?	YES NO	Anticipated Gra	duation Date:
Current GPA:	Current Grade:	Have you taken the ACT/SAT Test?		ACT Score:	SAT Score:
Current/Anti-			City:		State:
From:	To:	Currently enrolled in college?	YES NO	Degree:	
	er been convicted of a felony?	YES NO	s, explain:		
	d Financial Assistance for aca	YES NO		applied for Finance	YES NO
vviii you nee	u Financiai Assistance ioi aca	Idellines:	riave you a	applied for Fillalli	cial Assistance:
F	ootball 🗆	V/=0 NO			· YES · NO
Registered f	or the NCAA Clearinghouse?	YES NO Ne	ed assistance	registering for C	Clearinghouse?
Have you ob	tained a physical?	NO Do you	u currently ha	ve medical insur	ance coverage? YES NO
	answers are true and complete to nformation in my application or inter-		this application I	eads to admission to	
I understand	that a \$50 non-refundable applica ster spot is to be submitted no lat	tion fee is to be submitted	with this applic	ation. In addition,	understand that a \$500 fee to
Signature:					ate:
Parent Signa (if applicant is	ature: under 18 yrs old)				ate:
Administrativ	e Office Use Only: Administra	tion: Adn	nissions/Acade	emic:	Athletic: