



GATEWAY SCIENCE ACADEMY  
of  
**ST. LOUIS**

Math, Science & Technology Charter School

# Re-enrollment Form

for the 2015-2016 School Year

Due by Friday, February 13, 2015

## STUDENT INFORMATION

Legal Name of Student

LAST:	FIRST:	MIDDLE:
DATE of BIRTH: - -	HOME PHONE: - -	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female

GRADE LEVEL for **2015-2016**:

- K    1    2    3    4    5  
 6    7    8    9    10    11

Residential Address of Student (NOTE: No P.O. Boxes)

STREET:	APT #	
CITY:	STATE:	ZIP CODE:

ETHNICITY: (check one)

- American Indian / Alaskan Native  
 Asian  
 Black (not Hispanic)  
 Hispanic  
 White (not Hispanic)  
 Native Hawaiian / Pacific Islander  
 Multi-racial  
 Other: \_\_\_\_\_

Mailing Address of Student    Check here if same as residential address

STREET:	APT #	
CITY:	STATE:	ZIP CODE:

## SIBLINGS INFORMATION\*

Siblings also applying: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Sibling(s) Applying for: <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11
NAME:	NAME:

## PARENT / GUARDIAN INFORMATION

Student lives with: (check one)    Both parents    Parents alternately (joint custody)    Mother only    Father only    Legal Guardian

Parent / Legal Guardian (circle one)

NAME:	CELL:		
STREET:	APT #	WORK:	
CITY:	STATE:	ZIP CODE:	E-MAIL:

**We are on a QUEST to be the BEST!**

**GSA Smiley Campus (K-5)**  
6576 Smiley Ave., St. Louis, MO 63139  
Phone: (314) 932-7513

**GSA Fyler Campus (6-12)**  
5049 Fyler Ave., St. Louis MO 63109  
Phone: (314) 261-4361

**GSA South Campus (K-5)**  
6651 Gravois Ave, St. Louis, MO 63116  
Phone: (314) 669-9900

**Web:** [www.gsastl.org](http://www.gsastl.org)  
**Email:** [info@gsastl.org](mailto:info@gsastl.org)