



INTENT TO RETURN FORM
SY 2019-2020

\*\*Deadline to return completed form is February 22, 2019\*\*

Part I: STUDENT INFORMATION

Last Name: First Name:

Date of Birth: Gender: Current Grade Level:

Will your child return to GEO Academies of GBR and enroll in GEO Next Generation High School for the 2019-2020 school year? Yes No

Any returning sibling(s)? Name: Grade

Name: Grade

If your child will return for the 2019-2020 school year, will he/she need bus transportation? Yes No

If your child will not return for the 2019-2020 school year, where will they be attending school?

(School Name)

(School Mailing Address)

Does the student have siblings you wish to enroll at one of our GEO Academies campuses for 2019-2020? Yes No

If you indicated yes, please answer the questions below:

Last Name: First Name:

Date of Birth: 2019-2020 Grade Level: School Choice: GEO Prep Academy, GEO Mid-City, GEO Next Generation HS

(Note: Kindergarten students must be 5 years old before September 30, 2019. Visit EnrollBR.org to complete the pre-registration process for any new student.)

Part II: Primary Contact Information

Parent/Guardian 1:

Last Name: First Name:

Address: City: State: Zip:

Phone: Home Cell Work:

Email:

**Part II: Primary Contact Information cont.'d**

*Parent/Guardian 2:*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

*Emergency Contact 1:*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Emergency Contact 2:*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Part III: Signatures**

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_