Grace B. Luhrs University Elementary School 2024-2025 Interest Application

Fill out this form if you would like your child <u>considered</u> for enrollment in GBLUES.

PLEASE NOTE: The number of students that may be enrolled is limited by the availability of classroom space. Your child will be placed on a waitlist should a spot not be currently available.

PLEASE PRINT		
Student Information		
Student's name		Male Female
Student's date of birth		
Home address		
School student currently attending		Current grade
Parent/Guardian Information		
Parent/Guardian's name		
Relationship to student		
Parent/Guardian email address*		
*You will be notified by email	if a slot is available for your st	udent at GBLUES .
Cell phone	Home phone	
Parent/Guardian signature		
Completed form must be turned into Administration Building or by mail to Highway, Shippensburg, PA 17257 or en	o: SASD, Office of the Su	uperintendent, 9318 Molly Pitch
SCHOOL USE ONLY Date received	How received	
Date Registered in District	Obtain Slot Yes or No	
Date Parent/Guardian Advised	Waitlist? Yes or No	Number on Waitlist