

Katherine G. Johnson STEM Academy @ Crockett Application for Enrollment 2020 -2021

STUDENT INFORMATIO	N			
Name of Student:				
(As shown on birth certificate) Last	Firs	t	Middle	
Date of Birth: Month	Day Year	Gender: □I	M □F	
Ethnicity: African-American *This information is requested in accordance with	·	·	·	□White
Social Security #:				
School Year Applying for: 2020-2 School Currently Attending:		Current Gra	de Level:	
GISD Resident: Yes No		e Campus: lent School District:		
PARENT/GUARDIAN IN				
Student's Present Address:				
Stree	t Address	City	State	Zip
Home Number: ()		Email:		
Father's Name:		Mother's Name:		
Guardian's Name (Documentation of g	uardianship will be requirea	at time of registration):		
Father's Work Phone: ()		_ Mother's Work Phone	: ()	
Father's Cell Phone: ()		Mother's Cell Phone:	()	
Is either Parent/Guardian a GISD	employee: 🗖 Yes 🗆	No If yes, what campu	s/department	
Does this applicant have a sibling	already attending KG	GJ STEM Academy: 🗖 Ye	s 🗖 No	
If yes, please give current studen	t name			
Parent/Guardian Signature		Date		_

Student Interest Essay (Please Remember It May Be Submitted As A Video Instead)

Videos need to be submitted to Alejandroj@greenvilleisd.com and Rodriguezan1@greenvilleisd.com

In your own words, tell us about your interest in STEM and why you want to come to our school.				