

GVP Application for 2023-2024 School Year

Student Information Name: _____ Date of Birth: ___/____ Date of Arrival in US: Month Date Year Is the student a refugee/special immigrant/asylee? YES NO (Circle one) Address: Zip Code Apartment Number City Apartment Complex Name: _____ Phone Number: _____ Email address: **Parent Information** Parent 1: _____ Does student live with this parent? Yes No (Circle one) Phone #: _____ Email: _____ Whats app #: ______ Parent 2: _____ Does student live with this parent? Yes No (Circle one) Phone #: _____ Email: _____ (if different from above) Whats app

Names, ages, and genders of siblings	s:		
Resettlement Agency/Referral Sou	ırce:		
Resettlement Agency:	Case Worker Name:		
Phone Number:	Email:		
Languages			
What languages does the student spe	eak at home?		
1)Can th 2)Can th	ne student read and write this language? ne student read and write this language?	Yes No Yes No	
What languages does the mother/gua	ardian speak?		
1) Can th	ne mother read and write this language? ne mother read and write this language?	Yes No Yes No	
What languages does the father/guar	rdian speak?		
1) Can th 2) Can th	ne father read and write this language? ne father read and write this language?	Yes No Yes No	
School History			
School currently attending:	Grade: How ma	any years:	
Any other school attended in US:	d in US: How many years:		
•	Yes No City, Country:(Circle one)		
	ol: Yes No If Yes, # of months(Circle one)	or total years	
I want my daughter to attend the age availability) are required to he	Global Village Project. I understand the ave the COVID-19 vaccine.*	at all students (within	
Parent signature:	Date		

*******For office use only*******

Student interviewed by:	Date :	
Student assessed by:	Date :	
Assessment/Interview Notes:	•	-
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*COVID-19 Notice: GVP requires COVID-19 vaccines for all students within the age range of availability. GVP follows CDC guidelines.

• Ensuring refugee young women have the education necessary to pursue their dreams •

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