



GVP Application for 2023-2024 School Year

Student Information

Name: _____ Date of Birth: ____/____/____
Month Day Year

Date of Arrival in US: _____
Month Date Year

Is the student a refugee/special immigrant/asylee? YES NO
(Circle one)

Address: _____
Street Apartment Number City Zip Code

Apartment Complex Name: _____ Phone Number: _____

Email address: _____

Parent Information

Parent 1: _____ Does student live with this parent? Yes No
Name (Circle one)

Phone #: _____ Email: _____

Whats app #: _____

Parent 2: _____ Does student live with this parent? Yes No
Name (Circle one)

Phone #: _____ Email: _____
(if different from above)

Whats app #: _____

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

Student interviewed by: _____ Date : _____

Student assessed by: _____ Date : _____

Assessment/Interview Notes: _____

**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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