

## City Gates Academy Application Form 2006-2007

Student's Name \_\_\_\_\_ Grade in 2006-2007 \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail address \_\_\_\_\_ Phone \_\_\_\_\_

Delaware Residents: Do you want City Gates Academy to be your umbrella school? Yes / No

List the courses for which you are applying and the grade level.

_____	_____
_____	_____
_____	_____
_____	_____

Describe any learning difficulties (from your observation or from formal testing):

What curriculum have you been using?

Families new to CGA: Briefly describe your philosophy of education.

*Fill out one application per student. Mail the completed application and other applicable materials to City Gates Academy, P.O. Box 7581, Wilmington, DE 19803-0581. Include a non-refundable registration fee of \$50.00 per child (on or before May 1), or \$60.00 per child (after May 1). Enclose a copy of the student's most recent standardized test scores (new students only). Enclose a writing sample and a list of books read (see CGA's web site for details - new English class students only).*

*If you have any questions call City Gates Academy at (302) 229-9626 or via e-mail at [cga\\_de@yahoo.com](mailto:cga_de@yahoo.com)*