



John W. Gunn Middle School Application

Student's Name: _____

Grade: _____

Student Course Requirements

1. All Students will be taking the required courses as set out by the Department of Education and the School Division.
2. Students have the option of choosing **Art** or **Band**. Please select one option:

Art _____ Band _____

PLEASE BE SURE TO

- Provide **FOUR** emergency contacts,
- Provide a phone number for all emergency contacts.
- Provide an email for home contact and regular communications.
- Make sure **ALL** signatures are complete, including students.
- Provide information for any medical or support services received by the student.

Parent/Guardian Signature _____ Date _____

Note: If any information changes during the year, please let the office know.