

Grass Valley Charter Lottery Application

2024/2025 School year

Discovery Studies only

Child's Name: _____ Birthdate: _____ Age: _____

Grade level for the 24/25 school year: _____

Is your student currently enrolled in any of our programs? Yes No

Does your child have a sibling enrolled in the core program or Discovery Studies program? Yes No

If yes, who? _____

Does your child have a sibling entered in the lottery at G.V.C.S.? Yes No
If so, what is their name and grade level?

Parent/Guardian's Names: _____

Cell phone #: _____ Work phone #: _____

Address: _____

Email address: _____

I understand that my student MUST have all immunizations up to date prior

To attending **in person** classes _____ (Guardian's initials)

Guardian's Signature

Date

Please reach out to Brandy Fisher at 530-798-2097 or bfisher@gvsd.us
with any questions.