



2025-2026 ADMISSION PACKET

Date Submitted _____

Student's Name _____

First

Middle

Last

Date of Birth _____ SSN _____ Gender: M F (Circle One)

Ethnicity (Circle One): African-American Hispanic Caucasian Multi-Racial Other

Applying for (Circle One): Kindergarten First Second

Current School _____ Grade _____ Dates Attended _____

Family Information: Primary Parent/Guardian _____

Relationship to Student _____

Address _____

Street Number and Name

City

State

Zip

Home Phone _____ Cell _____ Email Address _____



starsschoolinitiatives@gmail.com



912-398-7150

Current Employer _____



Phone Number
4815 Laroche Ave, Savannah, GA 31404



Employer Address _____

Secondary Parent/Guardian _____ Relationship to Student _____

Address _____

Home Phone _____ Cell _____ Email Address _____

Current Employer _____ Phone Number _____

Employer Address _____

Family Information Continued



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