



**GALLATIN COUNTY SCHOOLS CDE
FORM
(Children of District Employees)
2018-2019**

Student Name _____

Date of Birth _____

2018-19 Grade Level _____

Did your child attend GC Schools last school year? ___ YES ___ NO

Gallatin Co. Employee's Name _____

Employee's School: ___ GCLE ___ GCUE ___ GCMS ___ GCHS

Parents'/Guardians' Names _____

Physical Address:

Street/Road _____

City _____ State _____ Zip _____

Phone Number _____