

Greenfield Commonwealth Virtual School

Intent to Return

Student Information

First Name **Samuel**
Middle Name **Mwamburi**
Last Name **Kimathi**
Suffix
Date of Birth **11/8/2009**
Is your student going to attend GCVS for the 2024-2025 school year?
Yes

Home/Residential Information

Address **1029 North Road**
Apt / Unit / Ste **#1002**
City **Westfield**
State **MA**
Zip **01085**
☐ Check here if your address has changed (it is important that we have your current address for the shipment of materials or for communication sent by mail as well as assigning MCAS test locations).

Contact Information

Please email registration@gcvs.org to update your contact information.

Contact 1

Title
First Name **Florence**
Middle Name
Last Name **Mwamburi**
Suffix
Gender **Female**
Relationship to Student **Mother**
Has custody **Yes**

If you need to change custody information, please contact the school at 413-475-3879 ext. 10

Same address as student? **Yes**

Please email registration@gcvs.org to update your contact information.

Phone 1 Number **857-237-9398**
Phone 1 Type **Mobile**
Preferred phone number? **Yes**
Phone 2 Number
Phone 2 Type
Preferred phone number?
Email Address **flowacharo@gmail.com**

Contact 2

Title
First Name **Christine**
Middle Name
Last Name **Mkaya**
Suffix
Gender **Female**
Relationship to Student **Aunt**

Has custody **No**

Same address as student? **Yes**

If your living arrangements have changed, please call the school.

Phone 1 Number **667-289-7150**

Phone 1 Type **Mobile**

Preferred phone number? **No**

Phone 2 Number

Phone 2 Type

Preferred phone number?

Email Address

Parent Survey

I would recommend GCVS to friends in my community.

Agree

Please indicate your overall level of satisfaction with the educational experience at GCVS.

Very Satisfied

Comment

Commitment

Based on your selections, you are **COMMITTING TO ENROLL** at GCVS for the 2024-2025 school year.

I Agree **Yes**

Electronic Signature

The electronic signature below, and all of its related fields, replaces a handwritten signature on paper and is legally binding.

I affirm that the information provided is true, correct, and complete, to the best of my knowledge and belief. This electronic signature below and its related fields are treated by the district like a handwritten signature on a paper form. This includes all the agreements found in this intent to return form. (i.e. Photo/Video Release).

Parent/Guardian Signature

I Agree **Yes**

Today's Date **03/27/2024**

Electronic Signature **Florence Mwamburi**

Where should we send your confirmation email?

flowacharo@gmail.com