

FAMILY INFORMATION

If parents are divorced, who has legal custody of the applicant? _____

If parents share custody, please indicate the applicant's primary residence. With mother With father With legal guardian

If parents are divorced, who will assume financial responsibility for the applicant? _____

Religious Affiliation: _____ Place of Worship: _____

Are the following Catholic? (check if yes) Student Father Mother Guardian

Brothers and Sisters of Applicant

1)	_____	_____	_____	_____
	<i>Name</i>	<i>Date of Birth</i>	<i>School</i>	<i>Present Grade</i>
2)	_____	_____	_____	_____
	<i>Name</i>	<i>Date of Birth</i>	<i>School</i>	<i>Present Grade</i>
3)	_____	_____	_____	_____
	<i>Name</i>	<i>Date of Birth</i>	<i>School</i>	<i>Present Grade</i>
4)	_____	_____	_____	_____
	<i>Name</i>	<i>Date of Birth</i>	<i>School</i>	<i>Present Grade</i>

Please list all siblings/relatives who attend or have attended or graduated from St. Gabriel's Catholic School: _____

FINANCIAL AID

Do you plan to apply for financial aid? (Requests for aid have no bearing on admission decisions.) Yes No

If yes, please request a financial aid packet from the Admissions Office.

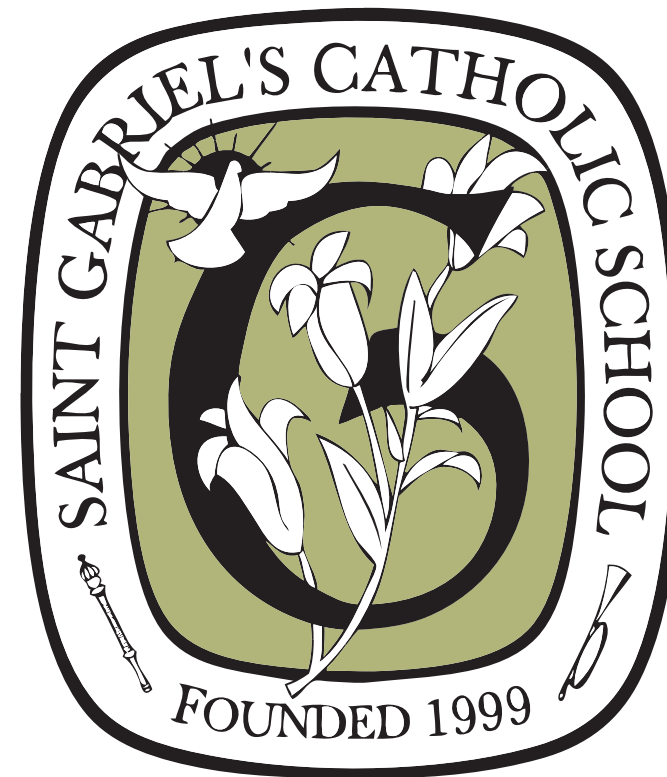
PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION FOR REVIEW.

I certify that the information provided in this application is complete and accurate. I understand that failure to disclose information about the applicant's educational, medical, emotional, or behavioral history may affect St. Gabriel's admission decision. The School reserves the right to reverse its decision, even after acceptance and enrollment, if such information has been withheld or falsified.

Father/Legal Guardian: _____ Date: ____ / ____ / ____

Mother/Legal Guardian: _____ Date: ____ / ____ / ____

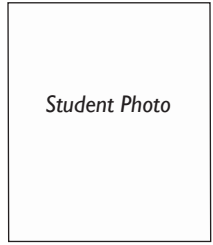
St. Gabriel's Catholic School complies with applicable local, state and federal laws regarding discrimination.



APPLICATION FOR ADMISSION (PK-8)

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Priority Application Deadline: January 13, 2012. Please return the completed application with a non-refundable \$250 application and testing fee (Pre-Kindergarten-First Grade) or \$150 application fee (Second - Eighth Grade) via check payable to St. Gabriel's Catholic School. Applications submitted after the priority deadline will be considered as space permits.



Please note the following age limitations:

- Applicants to Pre-Kindergarten must be four years of age by September 1, 2012.
- Applicants to Kindergarten must be five years of age by September 1, 2012.
- Applicants to First Grade must be six years of age by September 1, 2012.

APPLICANT INFORMATION

Applying for Grade _____ **in 2012-2013** Previous Applicant? Yes, year: _____ No

Class Preference (Pre-Kindergarten Only):

Morning (8 a.m. - Noon) Afternoon (11:30 a.m. - 3:30 p.m.) No Preference

Saber Tots (Extended-care) Preference (Pre-Kindergarten Only):

Morning (8 a.m. - 11:30 a.m.) Afternoon (Noon - 3:30 p.m.) No Preference Not interested in Saber Tots

Note: Both options include care from 3:30 p.m. - 5:30 p.m.

If interested in Saber Tots, how many days per week? 1 2 3 4 5

Full Legal Name (please print): _____
Last First Middle Preferred Name

Male Female Date of Birth: ____ / ____ / ____ Birthplace: _____ U.S. Citizen: Yes No

Applicant's first language: _____ Primary language spoken at home: _____

Ethnic origin (optional): African American Asian American or Pacific Islander Caucasian Latino/Hispanic

Native American or Native Alaskan Multi-racial Middle Eastern American International—Students who are not

U.S. citizens or permanent residents Other: _____

EDUCATIONAL HISTORY

Current School: _____ Current Grade: _____

Street Address of School: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Schools Previously Attended:

1) School Name: _____ Dates of Attendance: ____ / ____ – ____ / ____ Grade(s): _____

School Address: _____ School Phone: (____) _____

2) School Name: _____ Dates of Attendance: ____ / ____ – ____ / ____ Grade(s): _____

School Address: _____ School Phone: (____) _____

Has the applicant ever skipped or repeated a grade? Yes No If yes, which grade and why? _____

EDUCATIONAL HISTORY

Has the applicant ever been subject to major disciplinary action (probation, suspension, dismissal) in any school? Yes No
 If yes, provide grade, date, and explanation on a separate sheet of paper.

Has the applicant ever been evaluated for any of the following? Yes No

(If yes, please check all that apply and explain on a separate sheet of paper. **A copy of the professional documentation or report is required with this application.**)

Learning Differences / Disabilities Date: ____ / ____ Doctor/Evaluator: _____

Vision Issues Date: ____ / ____ Doctor/Evaluator: _____

Hearing Issues Date: ____ / ____ Doctor/Evaluator: _____

Speech Issues Date: ____ / ____ Doctor/Evaluator: _____

Does the applicant take any prescribed medication(s) or need any special medical attention? Yes No

If yes, please explain and list the condition(s) and medication(s): _____

FAMILY INFORMATION

Father/Step-Father/Legal Guardian

Mr. Dr.

Last First Preferred Name

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell: (____) _____

Email: _____

Employer: _____

Occupation/Title: _____

Business Phone: (____) _____

Mother/Step-Mother/Legal Guardian

Mrs. Ms. Dr.

Last First Preferred Name

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell: (____) _____

Email: _____

Employer: _____

Occupation/Title: _____

Business Phone: (____) _____

Student lives with: Both parents Mother Father Other: _____

Check all that apply: Parents married Parents separated Parents divorced Single parent Mother remarried

Mother deceased Father remarried Father deceased

continued on reverse