



# ST. GABRIEL S C H O O L

BEING CHRIST · EVERY DAY · EVERYWHERE

## **NEW STUDENT APPLICATION SCHOOL YEAR 2015-2016**

	Student 1	Student 2
Student Last Name		
Student First Name		
Date of Birth		
Gender		
Student's Religion		
If Catholic, what sacraments has your student received?		
Is your student currently attending a parish religion program? If yes, where do they attend?		
Current Parish		
Current School & Grade in School		
Grade in 2015.16		

### **FAMILY INFORMATION**

Family Mailing Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Additional Email Addresses \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street

City

State

Zip Code

Mother's First & Last Name \_\_\_\_\_ Mother's Religion \_\_\_\_\_

Primary Day Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Father First & Last Name \_\_\_\_\_ Father's Religion \_\_\_\_\_

Primary Day Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Step Parent's First & Last Name \_\_\_\_\_ Religion \_\_\_\_\_

Primary Day Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Names of Siblings \_\_\_\_\_ Current Age \_\_\_\_\_ Current Grade \_\_\_\_\_ School Currently Attending \_\_\_\_\_  
(not enrolled at St. Gabriel School)

\_\_\_\_\_  
\_\_\_\_\_

*We consider it a privilege that you have chosen St. Gabriel School for your child's faith formation and education. We strive to provide the best possible Catholic faith formation and academic education for the children entrusted in our care. Our enrollment policy is to base admission on our capacity and our capabilities to serve the needs of all the children.*

Why did you choose St. Gabriel School?

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<b>Please indicate any special needs that apply including but not limited to the following: (circle all that apply)</b>	Student _____ <ul style="list-style-type: none"> <li>▪ ADD</li> <li>▪ ADHD</li> <li>▪ Specific Learning Challenges</li> <li>▪ Discipline or Behavior Issues</li> <li>▪ Anxiety</li> <li>▪ Gross/Fine Motor Challenges</li> <li>▪ Autism Spectrum</li> <li>▪ IEP/Service Plan</li> <li>▪ 504/SEGO Plan</li> <li>▪ Vision/Hearing/Speech Challenges</li> <li>▪ Medical Issues</li> <li>▪ Allergies</li> </ul>	Student _____ <ul style="list-style-type: none"> <li>▪ ADD</li> <li>▪ ADHD</li> <li>▪ Specific Learning Challenges</li> <li>▪ Discipline or Behavior Issues</li> <li>▪ Anxiety</li> <li>▪ Gross/Fine Motor Challenges</li> <li>▪ Autism Spectrum</li> <li>▪ IEP/Service Plan</li> <li>▪ 504/SEGO Plan</li> <li>▪ Vision/Hearing/Speech Challenges</li> <li>▪ Medical Issues</li> <li>▪ Allergies</li> </ul>

Please attach supporting documentation and explain any services that your student is currently receiving.

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How did you hear about St. Gabriel School? (please check all that apply)

Print Advertisement  
  Referral ~ who can we thank for the referral? \_\_\_\_\_  
 Website  
  Other \_\_\_\_\_

**Please enclose a copy of your child's most recent report card/progress report/supporting documentation along with a \$25 check made payable to St. Gabriel School for the application fee.**

**OFFICE USE:**

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Date received	
Open House Attended?	
Check Number	
Approval	