



## SAINT GABRIEL SCHOOL

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### Parent / Guardian Acknowledgement of General Admission Criteria & Policy Statement and Permission to Test Statement

Date \_\_\_\_\_

I have read and understand the procedures and criteria regarding registration, screening and acceptance of my child at Saint Gabriel School.

The school has my permission to screen and/or test my child for possible admission to Saint Gabriel School.

I understand that St. Gabriel School may call my child's school with regard to any academic/social concerns.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

2/2019