



SAINT GABRIEL SCHOOL



A Catholic Community Devoted to Academic Excellence and Christ's Call to Discipleship

Saint Gabriel School Application for Grades K-8

Applications must be filled out completely. A **\$25 non-refundable application fee** must accompany each application. Checks should be made payable to Saint Gabriel School.

For Office Use Only
Date Received: _____
Date Acceptance Letter Mailed: _____

Student's Name: _____
(First) (Middle) (Last)

Entering Academic Year 20__ - 20__, Grade: K 1 2 3 4 5 6 7 8 Gender: M F

How did you hear about Saint Gabriel School (SGS)?
Friend/Family ____ SGS Website ____ Social Media ____
Church ____ Advertisement ____ Other ____

Home Street Address: _____

Town: _____ **State:** _____ **Zip:** _____

Family Email Address: _____

Home Phone: _____ **Date of Birth:** ____/____/____

Birthplace (City, State, Country): _____

Full Name of Father: _____ **Cell Phone:** _____

Occupation: _____ Employer: _____ Tel.: _____

Employer Address: _____

Full Name of Mother: _____ **Cell Phone:** _____

Occupation: _____ Employer: _____ Tel.: _____

Employer Address: _____



SAINT GABRIEL SCHOOL



A Catholic Community Devoted to Academic Excellence and Christ's Call to Discipleship

Child lives with: Both Parents ___ Mother ___ Father ___

Other, -please specify: _____ Relationship to Child: _____

Check all that apply (for State reporting purposes only):

Race: Am Indian _____ Asian Am _____ Black _____ White _____ Hispanic _____

Other, please specify: _____

Please specify if a language other than English is spoken at home: _____

Sibling Information (Please list any brothers and sisters.)

<i>Name</i>	<i>Age</i>	<i>School/Grade attending, if applicable</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious Information

Religion of Student: _____ Father: _____ Mother: _____

Please list the parish(es) or church your family is registered with or regularly attends. If not Catholic, please note denomination. _____

Baptismal Date: _____ Church: _____
Name Town State

Academic Background

Has your child ever been referred/tested for academic, psychological, social or speech/language concerns? No ___ Yes ___ If yes, please explain. _____

If applicable, a copy of your child's most recent PPT/IEP must be provided from his or her current school.

-- Continued --



SAINT GABRIEL SCHOOL



A Catholic Community Devoted to Academic Excellence and Christ's Call to Discipleship

Please list all schools the applicant has previously attended.

School(s) Attended	Grade(s) completed	Years of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby give Saint Gabriel School the right to contact any previously attended school in regards to the recent registration of my child. I hereby authorize said school to supply any and all information requested by Saint Gabriel School. I release all persons, companies and corporations supplying or receiving such information, to Saint Gabriel, the Archdiocese of Hartford, and anyone acting on its/their behalf from and against any and all liability which might result from furnishing or receiving such information.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Statement of Intent

What is your specific reason for registering your child at this time? (Your response will be reviewed by the School Administration.)

Lined area for writing the statement of intent.

How did you learn about St. Gabriel School?

Referred by a school parent: _____ Church Bulletin: _____

Former Saint Gabriel School student: _____ Ads: _____ Poster: _____

Other: _____

Signature: _____ Date: _____