



ST. GABRIEL S C H O O L

BEING CHRIST · EVERY DAY · EVERYWHERE

9935 JOHNNYCAKE RIDGE ROAD
CONCORD TWP., OHIO 44060
PHONE: 440-352-6169 • FAX: 440-639-0143
WWW.ST-GABRIELSCHOOL.ORG

New Student Application For Admission to St. Gabriel Day School (Gr K-8) School Year 2011-2012

(PLEASE PRINT)

Family Mailing Name _____

Address _____

Street

City

State

Zip

Home Phone _____ With whom does the child live? _____

Natural Father First & Last Name _____ Father Work # _____

Father Cell # _____

Natural Mother First & Last Name _____ Mother Work # _____

Natural Mother Maiden Name _____ Mother Cell # _____

Step Parent First & Last Name _____ Step Parent Work # _____

Step Parent Cell # _____

Main email address for family _____

New Student's First & Last Name _____

New Student's Birth Date _____ New Student's Age _____

New Student's Gender ____M ____F

New Student's Current Grade Level attending for 2010-2011 _____

New Student's Current School or Pre-School attending for 2010-2011 _____

New Student's Grade Level requested for school year 2011-2012 _____

New Student's First & Last Name _____

New Student's Birth Date _____ New Student's Age _____

New Student's Gender ____M ____F

New Student's Current Grade Level attending for 2010-2011 _____

New Student's Current School or Pre-School attending for 2010-2011 _____

New Student's Grade Level requested for school year 2011-2012 _____

New Student's First & Last Name _____

New Student's Birth Date _____ New Student's Age _____

New Student's Gender ____M ____F

New Student's Current Grade Level attending for 2010-2011 _____

New Student's Current School or Pre-School attending for 2010-2011 _____

New Student's Grade Level requested for school year 2011-2012 _____

New Student's First & Last Name _____

New Student's Birth Date _____ New Student's Age _____

New Student's Gender ____M ____F

New Student's Current Grade Level attending for 2010-2011 _____

New Student's Current School or Pre-School attending for 2010-2011 _____

New Student's Grade Level requested for school year 2011-2012 _____

PLEASE NOTE: Children must be 5 years old by September 30, 2011, to attend Kindergarten for the 2011-2012 school year. Beginning with the 2011-2012 School Year, St. Gabriel School will offer Kindergarten for full days only. There will no longer be half day Kindergarten available at St. Gabriel School.

Names of Brothers/Sisters	Current Age	Current Grade	School currently attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a registered member of St. Gabriel Parish? _____ Yes _____ No
In what areas of Parish Life are you presently involved?

Are you presently a registered member of another Parish or Church?

If so, please name the Parish or Church _____

Number of months _____ years _____ that you have been registered at St. Gabriel Parish.

If less than three years, name your former Parish _____

Parish City _____ Parish State _____

Type of Involvement in Former Parish _____

Are you a graduate from St. Gabriel School? If so,
in what year did you graduate? (Father) _____, (Mother) _____?

Are there any considerations of which we should be aware in accepting your child?

Does your child have any special needs? (For example, Service Plan, IEP, Speech Therapy, or any other learning disabilities, such as ADD, ADHD, OCD, Asberger's, Autism, or any developmental disabilities.) Please explain.

What are your hopes and expectations for your child if he/she would attend St. Gabriel School? This information helps us focus on our goals also.

Has your child ever attended St. Gabriel School before? If so, why did you leave the school, and why are you seeking to return to the school?

What made you choose St. Gabriel School?

Please enclose a copy of your child's most recent report card, or progress report, or academic records.

For Office Use Only

Date Received in Office _____ Principal Signature & Date _____