

Archangel Gabriel Catholic School-Admission Application-2021-2022

Complete form, sign and date, and submit by printing, signing and turning in. **please write neatly**

Family Information	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	Parish (if Catholic) _____	For Office Use Only <input type="checkbox"/> Accepted Date Received _____ Initials _____ <input type="checkbox"/> Tuition Agreement <input type="checkbox"/> Health Records <input type="checkbox"/> Emergency Form <input type="checkbox"/> Immunization <input type="checkbox"/> FACTS Confirmation <input type="checkbox"/> Transcripts <input type="checkbox"/> Pastor Verification <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Registration Fee <input type="checkbox"/> Baptism Certificate Check # _____
Mother/Guardian _____	School District _____		
Father/Guardian _____	Language Spoken at home (90% of time) _____		
Address _____	City _____ State _____ Zip _____		
Phone (H) _____	Phone (C) _____		
Email _____			

Child 1		New	Re-enroll	Child 2		New	<input type="checkbox"/> Re-enroll
Last Name _____		First Name _____		Last Name _____		First Name _____	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade (entering) Preschool 3yr Full -day (2 day) 4 yr Full -day (3 day)			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade (entering) Preschool 3yr Full -day (2 day) 4 yr Full -day (3 day)		
Birth Date _____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnic Background <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Multi-Racial		Birth Date _____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnic Background <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Multi-Racial	
Birth Place City _____ County _____ State _____ Country (if outside US) _____				Birth Place City _____ County _____ State _____ Country (if outside US) _____			
Sacraments Received (if Catholic) <input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation				Sacraments Received (if Catholic) <input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation			
Prior School Attended _____ Address _____ City _____ State _____ Zip _____				Prior School Attended _____ Address _____ City _____ State _____ Zip _____			

Health	Has your child ever...Check Yes or No for each
....been diagnosed with a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> Nobeen diagnosed with ADD/ADHD? <input type="checkbox"/> Yes <input type="checkbox"/> No ...taken medication associated with this disability? <input type="checkbox"/> Yes <input type="checkbox"/> No ...had special medical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No ...has your child participated in the DART program? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes for any of the above, a copy of the evaluation/medication form from your doctor must be provided at the time of registration *Submit only if testing updated or child is new to the school	

Health	Has your child ever...Check Yes or No for each
....been diagnosed with a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> Nobeen diagnosed with ADD/ADHD? <input type="checkbox"/> Yes <input type="checkbox"/> No ...taken medication associated with this disability? <input type="checkbox"/> Yes <input type="checkbox"/> No ...had special medical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No ...has your child participated in the DART program? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes for any of the above, a copy of the evaluation/medication form from your doctor must be provided at the time of registration *Submit only if testing updated or child is new to the school	

Child Resides With <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other* _____
Does someone else have shared custody? <input type="checkbox"/> Yes* <input type="checkbox"/> No
<small>*If checked a court-ordered Final Judgment (custody papers) must be submitted and all parties who share custody must sign this Admission Application.</small>

Child Resides With <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other* _____
Does someone else have shared custody? <input type="checkbox"/> Yes* <input type="checkbox"/> No
<small>*If checked a court-ordered Final Judgment (custody papers) must be submitted and all parties who share custody must sign this Admission Application.</small>

Archangel Gabriel Catholic School-Admission Application-2021-2022

Child 3			New	Re-enroll	Child 4			New	Re-enroll		
Last Name			First Name		Last Name			First Name			
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade (entering)	Preschool 3yr Full -day (2 day) 4 yr Full -day (3 day)			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade (entering)	Preschool 3yr Full -day (2 day) 4 yr Full -day (3 day)				
Birth Date	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnic Background <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Multi-Racial			Birth Date	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnic Background <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Multi-Racial				
Birth Place City _____ County _____ State _____ Country (if outside US) _____			Birth Place City _____ County _____ State _____ Country (if outside US) _____			Birth Place City _____ County _____ State _____ Country (if outside US) _____			Birth Place City _____ County _____ State _____ Country (if outside US) _____		
Sacraments Received (if Catholic) <input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation			Sacraments Received (if Catholic) <input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation			Sacraments Received (if Catholic) <input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation			Sacraments Received (if Catholic) <input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation		
Prior School Attended _____ Address _____ City _____ State _____ Zip _____					Prior School Attended _____ Address _____ City _____ State _____ Zip _____						
Health Has your child ever... <i>Check Yes or No for each</i>					Health Has your child ever... <i>Check Yes or No for each</i>						
...been diagnosed with a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No ...been diagnosed with ADD/ADHD? <input type="checkbox"/> Yes <input type="checkbox"/> No ...taken medication associated with this disability? <input type="checkbox"/> Yes <input type="checkbox"/> No ...had special medical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No ...has your child participated in the DART program? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes for any of the above, a copy of the evaluation/medication form from your doctor must be provided at the time of registration *Submit only if testing updated or child is new to the school					...been diagnosed with a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No ...been diagnosed with ADD/ADHD? <input type="checkbox"/> Yes <input type="checkbox"/> No ...taken medication associated with this disability? <input type="checkbox"/> Yes <input type="checkbox"/> No ...had special medical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No ...has your child participated in the DART program? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes for any of the above, a copy of the evaluation/medication form from your doctor must be provided at the time of registration *Submit only if testing updated or child is new to the school						
Child Resides With <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other* _____ Does someone else have shared custody? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If checked a court-ordered Final Judgment (custody papers) must be submitted and all parties who share custody must sign this Admission Application.					Child Resides With <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other* _____ Does someone else have shared custody? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If checked a court-ordered Final Judgment (custody papers) must be submitted and all parties who share custody must sign this Admission Application.						
Notes											

I acknowledge that I have completed this student application truthfully and to the best of my knowledge. I understand that Archangel Gabriel School may not accept my child as a student after this application has been reviewed. If any information changes I will notify the school office in writing as soon as it occurs.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please review your application for completeness, sign and date, and submit with your non-refundable \$100 Checks can be made out to "Archangel Gabriel Catholic School"