

APPLICATION FOR SAN GABRIEL MISSION ELEMENTARY SCHOOL

CHILD(REN) NAME

<u>First, Middle, Last Name</u>	<u>Birthdate</u>	<u>Birthplace</u>	<u>Current Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Home Address _____

City _____ Zip _____

Contact Phone number: (____) _____

Father's Name (Last) _____ (First) _____ (MI) _____

Marital Status ___ Married ___ Single ___ Divorced ___ Separated ___ Widower

Birthplace _____ Occupation _____ Religion _____

Phone number where you can be reached: Day _____ Evening _____

E-mail Address _____

Mother's Name (Last) _____ (First) _____ (MI) _____

Marital Status ___ Married ___ Single ___ Divorced ___ Separated ___ Widow

Birthplace _____ Occupation _____ Religion _____

Phone number where you can be reached: Day _____ Evening _____

E-mail Address _____

Do you have other children attending Mission School? Yes _____ No _____

If yes Name _____ **Current Grade** _____

_____	_____
_____	_____

Name and City of Current School:

How did you hear about our school?

Web ___ Community ___ Church ___ Referral ___ Other _____