



## SAINT GABRIEL SCHOOL

2550 Forty First Avenue  
 San Francisco, California 94116  
 (415) 566-0314  
[www.stgabrielsf.com](http://www.stgabrielsf.com)

Student Information			
<b>Student's Name:</b>			<input type="checkbox"/> male <input type="checkbox"/> female
Date of Birth:			Student's Social Security # ____/____/____
Place of Birth:			
Religion:		Ethnic Background:	
Date of Baptism:		Church	City
Date of First Communion:		Church	City
Home Address:			Language Spoken at Home:
City:			Language Spoken by Child:
Zip Code:			
Phone:			
School Presently Attending:			Teacher Email:
Current Teacher:			Applying for Grade:
Family Physician:			Physician Phone:
Physician Address:			
Does your child attend specialized learning classes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy			Additional Support:
Where?			

Parish Information		
List Name and Grade(s) of relatives presently enrolled in St. Gabriel School:		
Name	Grade	Relationship
Is the applicant's family a registered/participating member of St. Gabriel Parish?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Envelope #
If not registered at St. Gabriel's Parish, in which parish is the family registered?	Church, City:	
Does your child attend CCD classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
We are involved in the following St. Gabriel Parish/School Ministry:		

Guardian	Parent Information	Guardian
	Name (Last, First)	
	Religion	
	Relation to Child	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Living with Child	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Occupation	
	Business Address	
	Business Phone	
	Cell phone	
	E-mail	
<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Birthplace	
<input type="checkbox"/> Yes <input type="checkbox"/> No	St. Gabriel Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No
	SG Graduation Year	

Who recommended that you apply to St. Gabriel?
Why did you choose St. Gabriel School?

Fill out this form completely and return it with the following:

1. \$50 application fee in cash or check made out to *St. Gabriel School*
2. Copy of your child's birth and baptismal certificate (if Catholic)
3. Copy of your child's most recent report card or progress report (1-8th)
4. Copy of most recent standardized testing (i.e., STAR, IOWA)

**Send the completed application and attachments to:  
St. Gabriel School, 2550 41<sup>st</sup> Avenue, San Francisco, CA 94116**

*This application is not a registration and does not entail any obligation for registration on the part of the school.*

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date