

Please attach
Student's photo
(here)



OFFICE USE ONLY
Fee _____
Date Paid _____
Check _____ Cash _____
ITA _____

APPLICATION FOR ADMISSION – LOWER/UPPER SCHOOLS

Please include: \$75 non-refundable application fee (K-3rd) \$125 non-refundable application fee (4th-8th)

For Academic Year: _____ Applying for Grade: _____ Date: _____

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

Gender: _____ Birth date: _____ Ethnic Identity _____ (optional)

Address: _____
Street City/State Zip

Telephone: () _____ Cell: () _____ E-mail: _____

PARENTS OR LEGAL GUARDIAN

Parent/Step-Parent/Legal Guardian (Please circle)
Mr./Mrs./Ms./Dr./Rev. (Please circle)

Parent/Step-Parent/Legal Guardian (Please circle)
Mr./Mrs./Ms./Dr./Rev. (Please circle)

_____ Full Name

_____ Full Name

_____ Address (if different from Applicant's)

_____ Address (if different from Applicant's)

_____ City State Zip

_____ City State Zip

_____ / _____
Profession/Position Place of Employment

_____ / _____
Profession/Position Place of Employment

_____ / _____
Home Phone Business Phone

_____ / _____
Home Phone Business Phone

_____ / _____
Fax Cell Phone

_____ / _____
Fax Cell Phone

Check if appropriate: Parents Divorced Single Parent Adopted
 Mother Deceased Father Deceased

If not living with both parents, with whom does the student live? _____

Person financially responsible: _____

Relationship to student: _____

In the case of divorced or separated households, correspondence from the Office should be sent to
 Mother Father Both Other (please list address if different from above)

Over...

EDUCATION

_____ Dates of Attendance _____ to _____
Current School month/year month/year

Current Teacher

Address City State Zip

Telephone

Other schools attended in last 3 years:

_____ Dates of Attendance _____ to _____
month/year month/year

_____ Dates of Attendance _____ to _____
month/year month/year

ALUMNI RELATIVES/FRIENDS

List any relatives or friends who have attended Gateway School:

Name **Year Graduated** **Relationship to Applicant**

Please list the names, birth date and current schools of your other children:

Name **Birth date** **School**

Name of relatives for us to inform about "Grandparents Day"

Name **Relationship** **Address**

ADDITIONAL INFORMATION

How did you hear about Gateway School?

Sentinel _____ Growing Up In Santa Cruz _____ Scotts Valley Post _____

Other Newspaper _____ Gateway Website _____ Other Website _____

Personal Referral _____

Other _____

Gateway School's admissions and financial aid policies do not discriminate on the basis of race, gender, sexual preference, ethnic origin, disability, marital status, religion, creed or similar factors. This policy applies to all areas of student concerns: admissions, athletics, educational policies, financial aid, and other school administered programs.

I have read and understood the above application in its entirety.

Signature

Date