

PRESCHOOL Application for Enrollment

Saint Gabriel School
 1 Tudor Road, Milford, CT 06460
 (203) 874-3811 / (203) 874-0416 (FAX)

Family Last Name: _____ New Family _____ Returning Family _____

Address at which student lives: _____

Home Phone _____ (Street) _____ City/State/Zip _____

PRESCHOOL PROGRAM CHOICE: Please Check

Three Year Olds: _____ Tuesday/Thursday 8:15 a.m. – 11:15 a.m. Four Year Olds: _____ Mon/Wed/Fri 8:15 a.m. – 11:15 a.m.

Three Year Olds: _____ Tuesday/Thursday 8:15 a.m. – 2:45 p.m. Four/Five Year Olds: _____ Mon/Wed/Fri 8:15 a.m. – 2:45 p.m.

Four/Five Year Olds: _____ Monday – Friday 8:15 a.m. – 2:45 p.m.

Family Religious Affiliation: _____ Parish/Church _____ Envelope # _____

Parental Marital Status: ___ Married ___ Separated ___ Divorced ___ Remarried ___ Single ___ Widowed ___ Other

Students Live With: ___ Both Parents ___ Mother ___ Father ___ Mother/Step ___ Father/Step ___ Grandparents ___ Other

	Mother's Information	Father's Information	Guardian Information
Parent Name			
Mother's Maiden Name		XXXXXXXXXXXXXXXXXXXX	
Address (if different from child)			
City/State/Zip			
Home Phone			
Work Phone			
Occupation			
Work Place			
Cell Phone			
E-MAIL ADDRESS			
Primary Language At Home			

STUDENT INFORMATION School Year: 20__ - 20__ New Student ___ Current Student ___

Last Name: _____ First name: _____ MI _____ Preferred Name _____

Date of Birth: _____ City and State of Birth : _____

Gender _____ What Public School would Your Child Attend: _____

Ethnic Origin: Amer. Indian ___ Asian ___ Black ___ Caucasian ___ Hispanic ___ Multi-Racial ___

Is Your Child Eligible To Ride The Bus? _____ Who Referred You To Our School? _____

Please list any relatives attending our school: _____

Sacraments Received:

	Date	Church	City/State/Zip	Certificate
Baptism				
First Confession				
First Communion				
Confirmation				

Payment and Documents Received:

	Date Rec'd		Date Rec'd
Application/Testing Fee \$25.00		Birth Certificate	
Tuition Deposit \$ 200.00 (per child)		Baptismal Certificate	
Tuition Contracts		Release of Records Form	
		Health Form	

Please Turn Over and Complete Other Side

Has There Been An Educational Evaluation Of Your Child? _____

Does Your Child Receive Any Special Services AT School? _____

Speech Therapy _____
Social Worker / Guidance Counselor _____
Learning Disability Teacher _____
English As A Second Language _____
Other (Please Name It) _____

Does Your Child Receive Any Special Services Outside Of School? _____
If Yes, Please Name It _____

How Long Will Your Child Attend Saint Gabriel School?
Preschool Only _____
Preschool and Kindergarten Only _____
Through Grade 8 _____

Tuition Preference Order: Please Check The One That Applies

_____ November 1 Application Date: Siblings of children currently enrolled
Current Students (Including Preschool)
Children of Employees of St. Gabriel School and Parish

_____ December 1 Application Date: Parishioners and Children of Alumni

_____ January 1 Application Date: Catholic Non-parishioners and Non-Catholics

Applications will be accepted at any time, but will be considered according to the above preference dates. All completed applications will be considered for admission. All of the applicants in Grades K – 8 will be screened and evaluated. Applicants for Grades 1 – 8 will be required to spend a "shadow Day" in the grade they currently are enrolled in. Parents will be notified of the decision of the admissions committee no later than two weeks after the admission process has been completed. All acceptances are subject to a probation period. Please refer to the family handbook for further details regarding admission guidelines.

Applications will not be considered without the nonrefundable Application/Testing Fee. This fee applies to all new students and all Kindergarten students (even if they are enrolled in preschool). All other returning students are not required to pay another application fee. Admission for all students is not complete until receipt of the nonrefundable \$ 200.00 tuition deposit.