



**ARCHDIOCESE OF LOUISVILLE
ST. GABRIEL THE ARCHANGEL SCHOOL
STUDENT APPLICATION FORM**

Family Last Name _____

Contacted Private School _____ or n/a _____

Church Membership _____

Non-Catholic Family: ()

CURRENT FAMILY DATA	MOTHER/GUARDIAN	FATHER/GUARDIAN
Name		
Relationship (Mother, Father, Step-parent, Guardian, Grandparent, Deceased)		
Marital Status (Married, Single, Widowed, Divorced/Remarried, Separated)		
Address		
City/State/Zip		
Home Phone		
Cell Phone		
Work Phone		
E-mail Address		
Religion		
Employer		
Occupation		

Direct Correspondence to: _____

Street _____

City/State/Zip _____ Phone _____

Ethnicity(optional): Caucasian _____, African American _____, Hispanic _____, Asian/Pacific Islander _____, Multi _____, Other _____

Language spoken at home: _____

Names and dates of birth of ALL children in family (list pre-school children first):

Boys _____

Girls _____

Custody (if applicable):

Single (Y/N) _____ Name: _____

Joint (Y/N) _____ Names: _____

If you and the physician of your choice, as indicated on back, cannot be reached in an emergency and, if in the judgement of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

☐ Yes ☐ No Signature of parent or guardian: _____

As a parent and/or guardian, I authorize the treatment of a minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger child's life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

☐ Yes ☐ No Signature of parent or guardian: _____

PLEASE FILL OUT THE INFORMATION ON THE BACK

STUDENT INFORMATION

Name: _____ Child's Social Security _____
Sex: _____
Date of Birth: _____ Birth City/State/Country: _____
Proposed Grade Placement: _____
Oldest (Y/N) _____ Transportation: _____
First Language Child Learned to Speak: _____
Language Child Speaks Most Often: _____

After school, child goes to:

Place: _____ Phone: _____
Contact: _____

Religious Records:

Religion: _____

SACRAMENT	DATE	CHURCH	CITY/STATE	ZIP
Baptism				
First Eucharist				
First Reconciliation				
Confirmation				

Health/Emergency Information:

First Contact/Relation: _____ Phone: _____
Second Contact/Relation: _____ Phone: _____
Doctor: _____ Phone: _____
Hospital: _____ Phone: _____
Health/Physical Limitations: _____
Medicine: _____
Instructions/Allergies: _____
Immunization Expiration Date: _____

Transferred Information: Please list all schools attended.

(If registering for Kindergarten – **please list the Preschool attended**)

School: _____
Address: _____
Entered: ____/____/____ Withdrew: ____/____/____

Reason code: Codes: 1 - Completed Program 2 – Moved 3 – Illness 4 - Parent Choice 5 - Other

School: _____
Address: _____
Entered: ____/____/____ Withdrew: ____/____/____

Reason code: Codes: 1 - Completed Program 2 – Moved 3 – Illness 4 - Parent Choice 5 - Other

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Pre-registration Fee Paid _____
Received by _____
Baptismal Certificate Verified (Y/N) _____
Immunization Certificate (Original) (Y/N) _____
Date of Expiration _____
Physical Exam Certificate (Y/N) _____
Registered in Parish (Y/N) _____
Birth Certificate Verified (Y/N) _____

Records Requested _____
Application Status (Circle one)
1A - Siblings
1B - Oldest
1C - Non-Catholic

Accepted/Not Accepted _____ Notified _____