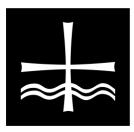
## WHERE THE SPIRIT SOARS



☐ Yes ☐ No

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

Spirit in Faith Spirit of Family Spirit through Tradition Spirit by Innovation Soaring with Possibility

Family Last Name		Contacted Private School or n/a Church Membership Non-Catholic Family: ( )					
CURRENT FAMILY D	OATA I	MOTHER/GUARDIAN	FATHER/GUARDIAN				
Name							
Relationship (Mother, Father, Suardian, Grandparent, Decea Marital Status (Married, Single	sed)						
Divorced/Remarried, Separate Address	d)						
City/State/Zip							
Home Phone							
Cell Phone							
Work Phone							
E-mail Address							
Religion							
Employer							
Occupation							
Ethnicity(optional): Caucasian,  Multi, Language spoken at home: Names and dates of birth of ALL c Boys Girls	Other						
Custody (if applicable):	Single (Y/N Joint (Y/N)	Name: Names:					
If you and the physician of your choice, as authorities, immediate medical and/or ho (properly accompanied) to an available h	ospital attention is inc	=	ency and, if in the judgement of the school school authorities to send your child				
_	f parent or guardian:						
As a parent and/or guardian, I authorize t of a medical emergency which, in the opi discomfort if delayed. This consent is gra	nion of the attending	physician, may endanger child					

Signature of parent or guardian: \_\_\_

## STUDENT INFORMATION

Name:			Child's	Social Security			
Sex:				tu/C+a+a/C=			
roposed Grade Placem				ty/state/countr	у		
oldest (Y/N)							
irst Language Child Lea	rned to Speak	!					
anguage Child Speaks N	√ost Often:						
After school, child goes	to						
lace:			Phone				
Contact:				•			
Religious Records:							
Religion:							
SACRAMENT	DATE	CHURCH	1	CITY/STAT	E ZIP		
Baptism							
First Eucharist							
First Reconciliation							
Confirmation							
Health/Emergency Info	rmation:						
irst Contact/Relation:				Phone:			
econd Contact/Relation	n:						
octor:				Phone:			
lospital:				Phone:			
lealth/Physical Limitati	ons:						
Medicine:							
nstructions/Allergies: _							
mmunization Expiration	າ Date:						
Fransferred Information							
			arten – <b>please lis</b> t	t the Preschool	attended)		
School:							
Address:			NACE III				
Intered://	<del></del>		Withdrew:		_		
Reason code: Code	s: 1 - Comple	ted Program	2 – Moved	3 – Illness	4 - Parent Choice	5 - Other	
School:							
\ddress:							
Entered://			Withdrew:	//	_		
Reason code: Code	s: 1 - Comple	eted Program	2 – Moved	3 – Illness	4 - Parent Choice	5 - Other	
SIGNATURE:				DATE:			
FOR OFFICE USE ONLY							
Pre-registration Fee Paid	 d b						
				Records Re	quested		
Received byBaptismal Certificate Verified (Y/N)				Application Status (Circle one)			
mmunization Certificate					Siblings		
Date of Expiration					Oldest		
Physical Exam Certificat					Non-Catholic		
Registered in Parish (Y/N				10 1			
Birth Certificate Verified	•						
J. Co. timodec Vermico							
Accepted/Not Accepted				Notified			