



SAN GABRIEL ACADEMY STUDENT APPLICATION

8827 E. Broadway. San Gabriel, CA 91776 (626) 292-1156 www.sangabrielacademy.org

Incomplete applications will not be accepted.

STUDENT

Last Name	First	Middle	Name Used	
Address (Street and PO Box)		City	State	Zip
Birthdate (MM/DD/YYYY)	Birthplace	Citizenship	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Entering
Prominent ethnic background: (For statistical purposes only)				
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Black		<input type="checkbox"/> Hispanic
<input type="checkbox"/> Caucasian (Not of hispanic origin)		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Other _____
Student Email		Home Telephone		Student Cellular
Has the student ever been recommended for special education? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:				
School Attended Last Year				
If NOT SGA: School Address		Telephone	Grade Level Last Year	
Church Denomination	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Baptism	Church Where Membership is Held	

GENERAL / FINANCIAL

Name of other children attending San Gabriel Academy	Grade
Name of other children attending San Gabriel Academy	Grade
Do you have an unpaid account at another SDA School? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, give name and address of school):	
Who is financially responsible? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: Split Bill: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain):	

Address	City	State	Zip	Telephone
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We, the undersigned, pledge to uphold the policies and principles as outlined in the current San Gabriel Academy student handbook and to accept full financial responsibility according to the published financial policies and contract. To the best of our knowledge the questions on this application are answered completely and truthfully.

_____ Student Signature _____ Parent/Guardian #1 Signature _____ Parent/Guardian 2# Signature

OFFICE USE ONLY					
RECEIVED	DATE	INITIAL	RECEIVED	DATE	INITIALS
Application	_____	_____	Application Fee	_____	_____
References	_____	_____	International Application Fee	_____	_____
Physical	_____	_____	Financial Clearance	_____	_____
Immunizations	_____	_____			
Entrance Test	_____	_____			

Accept _____	Deny _____
Return _____	New _____
Date _____	Date _____
<input type="checkbox"/> Student Data	
<input type="checkbox"/> Parent Data	
<input type="checkbox"/> Cum File Requested	Date _____
<input type="checkbox"/> Birth Certificate	



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P A R E N T / G U A R D I A N	Student living with (First and Last Name)		Relationship	
	Parent/Guardian #1 Last Name	First	Relationship	
	Address (Street and PO Box)	City	State	Zip
	Email	Home Telephone	Cellular	
	Occupation	Employer	Work Telephone	
	Church Denomination	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Church Where Membership is Held	
	Parent/Guardian #2 Last Name	First	Relationship	
	Address (Street and PO Box)	City	State	Zip
	Email	Home Telephone	Cellular	
	Occupation	Employer	Work Telephone	
Church Denomination	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Church Where Membership is Held		
R E L E A S E	Out of State Contact Last name	First	Relationship	
	Address (Street and PO Box)	City	State	Zip
	Email	Home Telephone	Cellular	
	Occupation	Employer	Work Telephone	
	I understand that emergency information is required by E.C. Section 49408 and I will notify the school immediately of any change of personal contact information.			
AUTHORIZED STUDENT RELEASE				
Parent/Guardian Last Name	First	Relationship		
Address (Street and PO Box)	City	State	Zip	
Email	Work Telephone	Home Telephone	Cellular	
If I am unable to pick up my child or in case of transportation, illness, or major disaster which causes structural damage to San Gabriel Academy (such as a fire, earthquake, or explosion), I give permission to the following individuals to pick up my child(ren). Please list the names of people (18 years or older) other than yourself who are authorized to sign for release of your child.				
Full Name	Relationship	Telephone		
Full Name	Relationship	Telephone		
Full Name	Relationship	Telephone		
Out of State Contact Full Name	Relationship	Telephone		