



SAN GABRIEL
MISSION
HIGH SCHOOL

254 S. SANTA ANITA ST.
SAN GABRIEL, CA 91776
T: (626) 282-3181 | F: (626) 282-4209

Application
PLEASE PRINT OR TYPE
DO NOT LEAVE ANY LINES BLANK

<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student's Last Name	First	Middle	Grade Entering _____
<hr/>			New Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address	City		Present School _____
(____) _____	(____) _____	Zip _____	Date of Birth _____ Place of Birth _____
Home Phone #	Cell #	Email Address	Primary Language Spoken at Home _____
<hr/>			Date Application Submitted _____

Student lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Guardian (specify) _____ Student's Religion _____ Parish/Church _____ City of Parish _____	Student's Ethnic Category: For statistical purposes only <input type="checkbox"/> Native American <input type="checkbox"/> Filipino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Other <input type="checkbox"/> Multiracial <input type="checkbox"/> Other (specify below) _____
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<hr/>
Mother's Full Name
<hr/>
Address
<hr/>
City/State Zip
(____) _____
Home Phone
(____) _____
Cell Phone
<hr/>
Email Address
<hr/>
Name of Company City
<hr/>
Profession & Position
(____) _____
Work Phone

<hr/>
Father's Full Name
<hr/>
Address
<hr/>
City/State Zip
(____) _____
Home Phone
(____) _____
Cell Phone
<hr/>
Email Address
<hr/>
Name of Company City
<hr/>
Profession & Position
(____) _____
Work Phone

<hr/>
Step-parent/Guardian's Full Name
<hr/>
Address
<hr/>
City/State Zip
(____) _____
Home Phone
(____) _____
Cell Phone
<hr/>
Email Address
<hr/>
Name of Company City
<hr/>
Profession & Position
(____) _____
Work Phone

Please List Alumni Siblings/Relatives and Class Year: _____
 Billing Name _____
 Address _____
 City/State/Zip _____

As parent or guardian, I accept responsibility for timely payment of tuition and fees, and I understand they are nonrefundable. As parent or guardian or student, I attest that all information is true to the best of my knowledge. I also realize that if accepted to this High School I become responsible for reading, understanding, supporting, and abiding by all policies outlined and explained in the *Parent/Student Handbook*, distributed at the beginning of each new school year.

 Mother/Guardian's Signature Father/Guardian's Signature Student's Signature

Additional Application Information

PLEASE PRINT OR TYPE
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Freshman Applicants Only:

FOREIGN LANGUAGE: Please check your Foreign Language preference:

Spanish 1 Beginner

Spanish 1 Bilingual

*Disclaimer: If students show an interest for other foreign language classes such as French and Mandarin, a class section will be opened.

Transfer Applicants Only:

Please state your reason for transfer:

List your top three high school choices and the reasons why you wish to attend these schools. Please list SGMHS as one of your choices:

HIGH SCHOOL NAME:

REASON

1. _____
2. _____
3. _____

Brag Sheet: Please fill in the sections that apply to you. If necessary, you may add an additional typed sheet.

EXTRACURRICULAR	School Years	Hours/Weeks	Position/Responsibilities
SPORTS	School Years	Hours/Weeks	Position/ Achievements
SUMMER EXPERIENCES	Summer	Weeks	Descriptions/Responsibilities
AWARDS/HONORS	School Years	Honors/Description	
HOBBIES	School Years	Hours/Weeks	Notes
CHURCH/ COMMUNITY	School Years	Hours/Weeks	Description/Responsibilities

HOW DID YOU HEAR ABOUT US?

- My Elementary School
- Relative/ Friend
- SGMHS Open House
- SGMHS visited my classroom
- Summer Arts Academy
- Advertisement (Newspaper, Parish Bulletin, ect.): _____
- Social Media _____
- High School Fair held at _____
- Referred by: _____
- Other: _____



School Student Non-Discrimination Policy

San Gabriel Mission High School, mindful of its mission to be a witness to the love of Christ for all, admits students regardless of race, color, or national and/or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

The school does not discriminate on the basis of race, color, disability, sex, or national and/or ethnic origin in the administration of educational policies and practices, scholarship programs, and athletic and other school-administered programs, although certain athletic leagues and other programs may limit participation.

While the school does not discriminate against students with special needs, a full range of services may not always be available to them. Decisions concerning the admission and continued enrollment of a student in the school are based upon the student's emotional, academic and physical abilities and the resources available to the school in meeting the student's needs.

For Office Use Only:

Cash \$ ____ Check# _____ CC

Date: _____ Received by: _____