



APPLICATION FOR ADMISSION

Lower School (K-3)

Upper School (4-8)

STUDENT INFORMATION

Last	First	Nickname	Sex	Home Phone
Street Address		City	State	Zip Code
Date of Birth	Place of Birth	Child's Ethnicity (Optional)		



FAMILY INFORMATION

Parent/Guardian Full Name	Parent/Guardian Full Name
Address (if different from above)	Address (if different from above)
Home Phone	Home Phone
Cell Phone	Cell Phone
Email	Email
Primary Language	Primary Language
Occupation	Occupation
Employer	Employer
Business Phone	Business Phone

Relationship to child
 Birth Parent Guardian

Adoptive Parent (child's age at adoption) _____

Other (please describe) _____

Relationship to child
 Birth Parent Guardian

Adoptive Parent (child's age at adoption) _____

Other (please describe) _____

Ethnicity (optional)

1.

2.

Colleges/Universities Degrees Dates

Ethnicity (optional)

1.

2.

Colleges/Universities Degrees Dates

Check all that apply (Parent/Guardian = PG)

- Married Partnered Separated Divorced Single
 PG1 Deceased PG2 Deceased PG1 Remarried PG2 Remarried

Other children in the family

Name	Sex	Age	Present School and Grade	Applying to GATE Academy?

Names of relatives who have attended GATE Academy and their relationship to the child

Name	Relationship



CHILD'S ACADEMIC INFORMATION

Current School City/State Phone Number

Beginning Date of Attendance Present Grade/Class Teacher's Name Director's Name

Previous schools attended (most recent first)

School	Year	Grade(s)	Teacher
1.			
2.			
3.			

Does your child speak a language other than English at home? _____

Has your child ever:

Previously applied to GATE Academy? Grade & Academic Year

Skipped a grade? Grade & Academic Year

Taken a cognitive (IQ) test? Name of test and date(s)

**Please provide GATE Academy with a copy of the test results.*



TESTING & DIAGNOSES

Please share any information that will help us better know your child. This might include information regarding health concerns, learning differences, tutoring, accelerated programs, family circumstances, previous assessments, educational evaluations, etc.

Has your child ever:

Been diagnosed with a learning difference?

Yes _____

No _____

Had a neuropsychological evaluation by a psychologist?

Yes _____

No _____

Been tested or diagnosed with a neuropsychological, neuro-motor and/or behavioral condition, dysfunction or challenge?

Yes _____

No _____

If yes, please take this space to explain:



PARENT QUESTIONNAIRE

What interests you most about GATE Academy?

How have your child's needs gone unmet in other educational settings?

What are your child's strengths, talents, and/or abilities (plays an instrument, sings, draws, collects, enjoys computers, etc.)

What do you consider to be your child's academic and social/emotional challenges? Where is growth needed?

What three adjectives would you use to describe your child? Please explain.

How would you like to be involved in the GATE Academy community?



How did you learn about GATE Academy?

- | | | |
|--|--|--|
| <input type="checkbox"/> School Fair | <input type="checkbox"/> Current GATE Academy Family | <input type="checkbox"/> Web Search |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> GATE Academy Alumni | <input type="checkbox"/> Summer Camp at GATE Academy |
| <input type="checkbox"/> Referral | | |

Friend (If so, may we have an email or address to thank them? Information will not be used for promotional purposes ever.)

Physician/Psychologist
Name & Phone Number:

Other:

I/We give permission for my/our child to be administered the Wechsler Intelligence Scale for Children (WISC-IV) or Stanford-Binet (for children younger than six years old). I/We authorize GATE Academy admissions staff to discuss submitted outside test results with the test administrator. I understand all communication between the school and the tester will remain confidential. I certify that my child was not exposed to the test within the last 18 months, and that no materials were used to practice answers.

Signatures of custodial parent(s)/guardian(s) are required.

Signed _____

Signed _____

Date _____

Date _____

Person(s) financially responsible _____

Billing address (if different from parent/guardian)

PLEASE ENCLOSE YOUR NON-REFUNDABLE APPLICATION AND TESTING FEE OF \$385.00 WITH THIS APPLICATION.
IF OUTSIDE TESTING RESULTS ARE SUBMITTED, THE APPLICATION FEE IS \$85.00.
CHECKS MAY BE MADE PAYABLE TO **GATE ACADEMY**

Please mail application to:

GATE Academy
1 St. Vincent Drive
San Rafael, CA 94903

Please attach a photo of your child