



APPLICATION FOR ADMISSION

- Lower School (K-4) Upper School (5-8)

STUDENT INFORMATION

_____	_____	_____	_____	_____
Last	First	Nickname	Gender	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

Number of years of language instruction:

English (if non-native speaker) _____

French _____

Spanish _____

Other _____

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 \$335.00 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

