



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

Admissions Application

PLEASE PRINT OR TYPE
 DO NOT LEAVE ANY LINES BLANK

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

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

Step-parent/Guardian's Full Name
Address
City/State _____ Zip _____
Home Phone (____) _____
Cell Phone (____) _____
Email Address
Name of Company _____ City _____
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:

WORLD LANGUAGE: Please check your World Language preference:

- Spanish 1 Beginner
- Spanish 1 Bilingual
- Chinese 1

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

HIGH SCHOOL PLACEMENT TEST (HSPT) REGISTRATION

The High School Placement Test (HSPT) is required for 9th grade admission to San Gabriel Mission High School. The application fee includes all testing. If you plan on taking the exam with us, please check the date you will attend.

- HSPT #1
Date: Saturday, 12, 2019
Time: 8am
- HSPT #2
Date: Saturday, January 26, 2019
Time: 8am

I am taking the HSPT at another location. Please list the school below:

*If you take the exam elsewhere, please ask to have the scores shared with our school.
If you do not submit a copy, your application will be placed on hold.*

Transfer Applicants Only:

Please state your reason for transfer:

AP CAPSTONE PROGRAM

The AP Capstone Program at Mission is intended to provide a solid foundation for students who wish to academically challenge themselves. This two-year program will equip students with the independent research, collaborative teamwork, and communication skills that are increasingly valued by colleges and universities.

Students admitted into Mission's AP Capstone Program will take AP Seminar in the 11th grade, followed by AP Research their senior year. Admitted students must also take four additional AP courses, for a total of six AP course for the entire program. Students who earn scores of 3 or higher in AP Seminar and AP Research and on four additional AP Exams receive the AP Capstone Diploma.

If you are interested in the AP Capstone Program, please check the option below:

Yes

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: _____