



2017 – 2018 Wait Pool Application (No Deadline)

Grade applying for (circle):	9 th	10 th	11 th	12 th
School Year (circle):	2016-2017	2017-2018		

Applicant Information

Full Name: _____ Sibling currently attending Gateway: _____
Last First

Preferred Name (Nickname): _____ Sex: M F Birthdate: ____/____/____

Home Phone Number: _____ Cell Phone Number: _____

How did you hear about Gateway High School? _____

Are any of your parents/guardians an employee of Gateway Public Schools? Yes No

Primary Household

Residence Type: <input type="checkbox"/> Permanent Housing <input type="checkbox"/> Temporary <input type="checkbox"/> Other	
Home Address:	Apt #:
City, State & Zip:	Home Phone:
Guardian I (First and Last Name):	Guardian II (First and Last Name):
Relationship to Applicant:	Relationship to Applicant:
Work Phone:	Work Phone:
Cell Phone (optional):	Cell Phone (optional):
Occupation/Place of Work:	Occupation/Place of Work:
Education Level (optional):	Education Level (optional):
Email Address (optional):	Email Address (optional):
Best way to contact:	Best way to contact:

Secondary Household

Residence Type: <input type="checkbox"/> Permanent Housing <input type="checkbox"/> Temporary <input type="checkbox"/> Other	
Home Address:	Apt #:
City, State & Zip:	Home Phone:
Guardian I (First and Last Name):	Guardian II (First and Last Name):
Relationship to Applicant:	Relationship to Applicant:
Work Phone:	Work Phone:
Cell Phone (optional):	Cell Phone (optional):
Occupation/Place of Work:	Occupation/Place of Work:
Education Level (optional):	Education Level (optional):
Email Address (optional):	Email Address (optional):
Best way to contact:	Best way to contact:

Academic Information

Current School: _____ # Years at Current School: _____

List previous schools that you have attended:

Special Education Services

The following information is optional and will be used to best serve the applicant academically once enrolled at Gateway. **This information has no impact on the status of the application.**

Has the applicant received special educational services, past or present? <i>If yes, please send all relevant documentation to Gateway (copy of IEP, etc.)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No						
Please check off what special education services the applicant has received.								
<input type="checkbox"/> Current IEP <input type="checkbox"/> Past IEP Date ___/___/___ <input type="checkbox"/> 504 <input type="checkbox"/> Outside Evaluation								
Please check the services the student is currently receiving.								
<input type="checkbox"/> Related Services Only (e.g. Speech services only) <input type="checkbox"/> Resource Specialist Program (e.g. General Education with Specialized Academic Instruction) <input type="checkbox"/> Separate Class 50% or more of school day (e.g. General Education for PE and Science; Separate Education class for rest of day)								
Please expand on the above, and/or describe any additional services that the student has received past or present (e.g. tutoring, therapy/mental health services, disability services).	<table border="1" style="width: 100%; height: 100px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>							

Demographic Information

Is the student eligible for a free or reduced lunch? <input type="checkbox"/> No <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Don't know			
Student's Primary Language: _____			
Student's Home Language: _____			
Has the applicant participated in an English Language Learner Program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Status: _____			
Student's Place of Birth	City: _____	State: _____	Country: _____
If born outside of the US:	US entry date: / /	Date first attended US school: / /	

Demographic Information (Continued)

Ethnicity or Race	
Is the applicant Latino or Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check up to five boxes to indicate all races which the student identifies.	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Black of African American	<input type="checkbox"/> Hmong
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean
<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Samoan	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> White
Primary Race/Ethnic Identity:	Secondary Race/Ethnic Identity:
Gender (Gateway Public Schools recognizes and welcomes the autonomy of individuals of all genders to be referred to in a way that reflects their identity. All applicants are welcome to signify the gender that they identify with.)	
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Student prefers not to identify. Student prefers to identify as: _____	

Signature

By signing below, I agree to the release of my child's/own academic records, including transcripts, standardized test scores (CST, STAR, etc.), attendance records, documentation of a Special Education Plan (including IEP, 504, private educational assessment, etc.), and any other relevant academically related documentation.

Applicant's Name (please print): _____

Applicant's Signature: _____ Date: _____

Guardian's Name (please print): _____

Guardian's Signature: _____ Date: _____

Please send this application to:

*Located at the Gateway High School Campus:
1430 Scott Street, San Francisco, CA 94115*

No Deadline