



**GATEWAY MIDDLE SCHOOL**  
**2017 - 2018 Wait Pool Application (No Deadline)**

<b>Grade applying for (circle):</b>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>
<b>School Year (circle):</b>	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 Middle 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: _____
<b>Guardian I</b> (First and Last Name): _____	<b>Guardian II</b> (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: _____
<b>Guardian I</b> (First and Last Name): _____	<b>Guardian II</b> (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%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></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?       Yes     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"/> Other Asian            |
| <input type="checkbox"/> Asian Indian              | <input type="checkbox"/> Hawaiian  | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Black of African American | <input type="checkbox"/> Hmong     | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Cambodian                 | <input type="checkbox"/> Japanese  | <input type="checkbox"/> Tahitian               |
| <input type="checkbox"/> Chinese                   | <input type="checkbox"/> Korean    | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Filipino                  | <input type="checkbox"/> Laotian   | <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.)

Female     Male     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 or drop off this application to:**

*Gateway Enrollment Office, 1430 Scott Street, San Francisco, CA 94115*

No Deadline