INFORMATION FORM FOR PARENTS CONSIDERING APPLICATION

Please note: Gonzaga Middle School will be accepting applicants for Grade 6 for September 2019. There is also a limited number of Grade 7 spaces. Please contact the Front Office.

Please fill out for first Application meeting:

Address:			
Address: Street	City	Prov	Postal Code
Birthdate:	Gende	er:	
Present School Attended:	Grade:		
During the application process, ma	y we contact your child's sch	ool?	
MOTHER/GUARDIAN Name:			
Please circle the best daytime # to be re			
Home Phone #:	Cell Ph	Cell Phone#:	
Work Phone #:			
Email address:			
FATHER/GUARDIAN Name:			
Please circle the best daytime # to be re	eached at		
Home Phone #:	Cell Ph	none#:	
Work Phone #:			
Email address:			
Briefly describe your reasons for ch	oosing Gonzaga Middle Scho	ol for your child:	

The information form is not the full application form. It will be kept on file and you will be contacted prior to the application interview.

(For Office Use Only) Date Received: