

St. Gregory the Great Catholic School
“United in Spirit through Faith in God and Academic Excellence”
APPLICATION FOR ADMISSION
Grades 1 – 8

School Year _____

Date: _____

Student’s Name: _____ Date of Birth: _____

Address: _____ Entering Grade: _____

Home Telephone: _____

School presently attending: _____ How long: _____

Address of school (include city and zip): _____

Please briefly explain why you want your child to attend St. Gregory the Great Catholic School.

___ **Request for Information from Present Teacher** form needs to be completed and returned via fax by your child’s current teacher.

___ **Transcript Request** form should be completed and signed by the parent. The form will be faxed to your child’s current school.

Please return the **Application, Transcript Request Form and a copy of your child’s current report card and standardized test scores** to the school office as soon as possible.

Once the complete application is received, testing will be scheduled and a non-refundable fee of \$25 per child will be collected.

You will be called and informed about the admission status of your child. Upon acceptance of your child, an appointment will be made to complete the registration process.

The following original documents are necessary to complete the registration process: **Immunization Record**, and **Birth Certificate**. These documents will be copied for our files.

Please provide a name and daytime phone number so we can advise you of the admission status of your child.

Name of contact person _____ Relation to student: _____

Daytime phone number: _____

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