



This application is only valid for the enrollment of the 2022-23 school year. To be part of our 1st Lottery, applications must be submitted no later than Friday February 4, 2022.

Applicant General Information

Student Full Name: _____ Grade Level applying to: _____
Birthdate: ___/___/___ Gender: [] Female [] Male Preferred Name: _____
Student's Address: _____ City: _____ Zip Code: _____
Home Phone Number: _____ Parent/Guardian Cell Phone Number: _____
Does the student have a sibling currently attending Gateway? [] Yes [] No
If yes, sibling's name and grade: _____
Is the student's parent/guardian an employee of Gateway Public Schools? [] Yes [] No

Household Information

Residence Type: [] Permanent Housing [] Temporary [] Unsheltered [] Other: _____
Is the student in a Foster Family Home or Kinship Placement? [] Yes [] No

Table with 2 columns and 10 rows for Primary Household information including Street Address, City, State, Zip, Home Phone, Guardian names, Relationships, Cell Phone, Email Address, Education Level, and Occupation.

Secondary Household
(only if applicable)

Street Address:		Apt #:	
City, State, Zip:		Home Phone:	
Guardian 1 Full Name:		Guardian 2 Full Name:	
Relationship to student:		Relationship to student:	
Cell Phone:		Cell Phone:	
Email Address:		Email Address:	
Education Level:		Education Level:	
Occupation:		Occupation:	

Academic Information

Current School Name: _____ **#Years at Current School** _____

List of previous schools that the student has attended:

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

Has the student received special education services in the past or present? (please select). *If yes, please send all relevant documentation to Gateway (copy of IEP, 504 plan, etc.)*

- Yes, currently has an IEP
- Yes, previously had an IEP but does not currently Date exited: ___/___/___
- Yes, has a 504
- Yes, outside evaluation
- No, has never received

Please check off the services the student is currently receiving: (only if applicable)

- Related Services Only (e.g. Speech services only)
- Resource Specialists Program (e.g. General Education with Specialized Academic Instruction)
- 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, etc).

Demographic Information

Is the student eligible for free or reduced lunch? Yes No

Student's primary language: _____

Student's home language: _____

Has the student participated in an English Language Learner Program? Yes No

Student Birth City: _____ Student Birth State: _____ Student Birth Country: _____

If born outside US, US entry date: ___/___/___ Date first attended US school: ___/___/___

Is the student Latino or Hispanic? Yes No

Please indicate all races/ethnicities that 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 or 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/Ethnicity: _____ Secondary Race/Ethnicity: _____

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 They/Their Student prefers not to identify Other: _____

Are one or more of the student's parents or guardians an active member of the Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)? Yes No

Proof of Residency

Is the student a San Francisco resident? Yes No If you answered yes, please see below:

Please submit two proofs of residency by Friday February 4, 2022. Proofs of residency could include:

1. Utility service contract, statement, or payment receipt from different agencies such as electric, gas, power, garbage. No cell phone bills will be accepted.
2. Both automobile registration and auto insurance policy. Must be current and this counts as one proof.
3. Homeowner's or renter's insurance policy. Must be current.
4. Property tax payment receipts. Must be current.
5. Grant, deed, title of property.
6. Rental property contract, lease, or payment receipts.
7. Section 8 agreement. Must be current.
8. Affidavit of residency executed by the parent or legal guardian of the pupil.
9. Pay stubs within 45 days.
10. Correspondence from a government agency within 45 days.
11. Voter registration. Must be current.

Please submit copies of your two proofs of residency to the Gateway Enrollment Office in one of the following ways:

- Email enrollment@gatewayps.org
- Fax: 415-749-2716
- Mail: Gateway Enrollment Office, 1430 Scott Street, San Francisco, CA 94115

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 should my student receive an offer at Gateway.

Guardian's Name (please print): _____

Date: ____/____/____

Guardian's Signature: _____

Applicant's Signature: _____

Please send/drop-off this application to: Gateway Enrollment Office, 1430 Scott Street, San Francisco, CA 94115

For Office Use Only

Date Received: _____

Initials: _____