



SAINT GABRIEL CATHOLIC SCHOOL  
4500 South Wallace Street; Chicago, IL 60609  
Office: 773.268.6636 FAX: 773.268.2501 [www.saintgabes.com](http://www.saintgabes.com)

### NEW STUDENT REGISTRATION FORM 2022-2023

Please complete both sides of this registration form.

**For office use only:** Registration fee paid: Amount \_\_\_\_\_ Check ( ) Cash ( ) other ( )  
Receipt Number: \_\_\_\_\_ Date recorded \_\_\_\_\_

GRADE as of August, 2022: \_\_\_\_\_

#### Student Information (please print)

Student's Legal Name \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Month Day Year

Sex: ( ) Male ( ) Female Age as of September 1: \_\_\_\_\_ Child's Religion \_\_\_\_\_

Baptism: ( ) Yes ( ) No \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_  
Month Day Year

First Communion: ( ) Yes ( ) No \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_  
Month Day Year

Confirmation: ( ) Yes ( ) No \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_  
Month Day Year

Transferred From \_\_\_\_\_ Grade Last Attended \_\_\_\_\_  
Name of Previous School

Does your child have any major physical disabilities? ( ) Yes ( ) No If yes, please explain:  
\_\_\_\_\_

Has/Is your child receiving special education services? ( ) Yes ( ) No

If yes, does your child have an I.E.P. or an I.CE.P.? ( ) Yes ( ) No

Please indicate the type of special education services your child is or has received:  
\_\_\_\_\_

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**Parent/Guardian Information**

Father's Name \_\_\_\_\_ Residence \_\_\_\_\_

Birthplace \_\_\_\_\_ Religion \_\_\_\_\_

Years Attended School \_\_\_\_\_ Occupation \_\_\_\_\_

Home # \_\_\_\_\_ Cell#: \_\_\_\_\_ Work# \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Residence \_\_\_\_\_

Birthplace \_\_\_\_\_ Religion \_\_\_\_\_

Years Attended School \_\_\_\_\_ Occupation \_\_\_\_\_

Home # \_\_\_\_\_ Cell#: \_\_\_\_\_ Work# \_\_\_\_\_

Parent Status:  Married/Living Together     Separated     Divorced     Deceased

Child Lives With:     Mother and Father     Mother     Father     Other

If other, please explain: \_\_\_\_\_

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**Student Ethnicity**

For statistical purposes, please indicate your child's ethnicity according to the following choices:

Native American or Alaskan Native     Asian or Pacific Islander     Black (Non-Hispanic)

Hispanic     White(Non-Hispanic)     Multi-Ethnic

**Note:** Students new to Saint Gabriel Catholic School entering any grade are on **90 DAY probationary status**. At any time during the one-year period, a student may be dismissed from the school for cause at the discretion of the principal.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Please bring in all necessary forms (birth certificate & up to date physical) to the office with registration.**