



**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)

### RE-REGISTRATION FORM 2022-2023

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

Last <small>(Student's Legal Name)</small>	First	Middle	Grade <small>(As of August 20, 2022)</small>
S1 _____	_____	_____	_____
S2 _____	_____	_____	_____
S3 _____	_____	_____	_____
S4 _____	_____	_____	_____
S5 _____	_____	_____	_____
S6 _____	_____	_____	_____

Parent Status: ( ) Married/Living Together ( ) Separated ( ) Divorced ( ) Deceased

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

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

Child/Children Lives With: ( ) Mother and Father ( ) Mother ( ) Father ( ) Other  
 If other, please explain:

\_\_\_\_\_

Does your child have any major physical disabilities or health concerns? ( ) Yes ( ) No  
 If yes, please explain:

Child's Name: \_\_\_\_\_ Concern: \_\_\_\_\_

\_\_\_\_\_

Has/Is your child receiving special education services with an I.C.E.P/I.E.P.? ( ) Yes ( ) No  
 If yes, please explain:

Child's Name \_\_\_\_\_ Special Service \_\_\_\_\_

Child's Name \_\_\_\_\_ Special Service \_\_\_\_\_

Other: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

