



SAINT GABRIEL CATHOLIC SCHOOL
 4500 South Wallace Street; Chicago, IL 60609
 Office: 773.268.6636 FAX: 773.268.2501 www.saintgabes.com

RE-REGISTRATION FORM 2017 - 2018

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

Last <small>(Student's Legal Name) August 20, 2017)</small>	First	Middle	Grade <small>(As of</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: _____