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 2019 - 2020

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

	Last	First	Middle	Grade
	(Student's Legal Name)			(As of August 20, 2019)
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:_____