



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

## NEW STUDENT REGISTRATION FORM 2026-2027

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 2026: \_\_\_\_\_

### 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, 2026 \_\_\_\_\_ 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.C.E.P.? ( ) Yes ( ) No

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

**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: \_\_\_\_\_

**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, baptismal certificate, and up-to-date physical) to the office with registration.**