



**St. Gabriel Catholic School**  
 4500 S. Wallace, Chicago, IL 60609  
 Office: 773.268.6636 FAX: 773.268.2501  
<https://www.stgabrielchicago.com/>

**RE-REGISTRATION FORM 2024-2025**

Registration for current students and families is now open for the 2024 -2025 school year. The registration fee for current students is \$150.00 per student and \$250.00 for new students, which is non-refundable. Returning student registration fee goes up to \$175.00 if not paid before June 7, 2024

<b>For office use only:</b> Registration fee paid: Amount _____ Check ( ) Cash ( ) other ( ) Receipt Number: _____ Date recorded _____
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- ( ) Will be returning to St. Gabriel Catholic School for the 2024 / 2025 School Year.
- ( ) Will NOT be returning to St. Gabriel Catholic School for the 2024 / 2025 School Year.
- ( ) New Sibling Registering at St. Gabriel Catholic School for the 2024 / 2025 School Year.

Student, Last <small>(Student's Legal Name)</small>	First	Middle	Grade
S1 _____	_____	_____	_____
S2 _____	_____	_____	_____
S3 _____	_____	_____	_____
S4 _____	_____	_____	_____
S5 _____	_____	_____	_____

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: \_\_\_\_\_

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 \_\_\_\_\_

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

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