



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 2025-2026

Registration for current students and families is now open for the 2025 -2026 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, 2025

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

- () Will be returning to St. Gabriel Catholic School for the 2025 / 2026 School Year.
- () Will NOT be returning to St. Gabriel Catholic School for the 2025 / 2026 School Year.
- () New Sibling Registering at St. Gabriel Catholic School for the 2025 / 2026 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: _____

