



**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 2026-2027**

Registration for current students and families is now open for the 2026 -2027 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 8, 2026

|   |
|---|
| <b>For office use only:</b> Registration fee paid: Amount _____ Check ( ) Cash ( ) other ( )<br>Receipt Number: _____ Date recorded _____ |
|---|

- ( ) Will be returning to St. Gabriel Catholic School for the 2026 / 2027 School Year.
- ( ) Will NOT be returning to St. Gabriel Catholic School for the 2026 / 2027 School Year.
- ( ) New Sibling Registering at St. Gabriel Catholic School for the 2026 / 2027 School Year.

| <b>Student, Last</b><br><small>(Student's Legal Name)</small> | <b>First</b> | <b>Middle</b> | <b>Grade</b> |
|---|--------------|---------------|--------------|
| 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: \_\_\_\_\_