



## Saint Gall Catholic School

5515 South Sawyer Avenue

Chicago, IL 60629

Phone: 773-737-3454 FAX: 773-737-5592

www.stgallschool.com

### NEW STUDENT REGISTRATION FORM 2022-2023

Please complete BOTH SIDES of this Registration Form

For Office use only: Registration fee paid: Amount \$ \_\_\_\_\_ Check \_\_\_ Cash \_\_\_ Credit/Debit \_\_\_

Customer ID: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Start Date: \_\_\_\_\_ FACTS ID#: \_\_\_\_\_

PowerSchool: \_\_\_\_\_ Date: \_\_\_\_\_ W/D: \_\_\_\_\_ Date: \_\_\_\_\_

#### Student Information (Please Print)

GRADE as of August, 2022: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_

Last

First

Middle

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Child's Religion: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female Age as of September 1: \_\_\_\_\_

# in Household: \_\_\_\_\_ Parent Status: \_\_ Married/Living Together \_\_ Separated \_\_ Divorced \_\_ Widow/Widower

Student Lives with: \_\_ Both Parents \_\_ Mother \_\_ Father \_\_ Other: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_ Family Parish: \_\_\_\_\_

#### Parent/Guardian Information

FATHER Name: \_\_\_\_\_ Cell.#: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Religion: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work #: \_\_\_\_\_

MOTHER Name: \_\_\_\_\_ Cell.#: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Religion: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Name of Person financially responsible for student \_\_\_\_\_

Relationship to student: \_\_\_\_\_

*Please continue to reverse side. ----->*

**STEPFATHER/STEPMOTHER Name:** \_\_\_\_\_

If other, please explain: \_\_\_\_\_

**Emergency Information**

In case of emergency or illness, Parents/Guardians will be contacted first at all times. If Parents/Guardians are not available, please list any individuals (family members, close friends, etc.) who may be contacted by St. Gall School.

\_\_\_\_\_  
Name ( ) Phone Number Relationship to Student

\_\_\_\_\_  
Name ( ) Phone Number Relationship to Student

\_\_\_\_\_  
Name ( ) Phone Number Relationship to Student

**Sacrament Information**

	Yes	No	Date	Church	City
Baptized?	___	___	___/___/___	_____	_____
Communion?	___	___	___/___/___	_____	_____
Confirmation?	___	___	___/___/___	_____	_____

**Previous School Information**

Name of Previous School: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

**Physical/Health Concerns**

Does your child have any major physical disabilities or health concerns: \_\_\_ Yes \_\_\_ No If yes, please explain:

Concern: \_\_\_\_\_

**Special Education Services Information**

Is your child receiving special education services with an I.C.E.P./I.E.P./Service Plan? \_\_\_ Yes \_\_\_ No

Type of Service Plan: \_\_\_\_\_

**Student Ethnicity**

For statistical purposes, please indicate your child's ethnicity according to the following choices:

\_\_\_ American Indian or Alaska Native      \_\_\_ Asian      \_\_\_ Black or African American  
\_\_\_ Native Hawaiian or Pacific Islander      \_\_\_ Hispanic      \_\_\_ Multi-racial      \_\_\_ White

**Note: Students new to St. Gall School entering any grade are on a one-year probationary status. At any time during the one-year period, if a student or family does not fit the mission or expectations of St. Gall School, the student may be dismissed from the school at the discretion of the Principal.**

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