



**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 2020-2021**

Please complete both sides of this registration form.

<b>For office use only:</b> Registration fee paid: Amount _____ Check ( ) Cash ( ) Other ( ) Customer ID: _____ Receipt Number: _____ Start Date: _____ Parishioner Status Yes ( ) No ( ) FACTS ID: _____ PowerSchool: _____ Date: _____ W/D: _____ Date: _____
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GRADE as of August, 2020: \_\_\_\_\_

**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:** \_\_\_\_\_ Child's Religion \_\_\_\_\_  
Parishioner of  
Household Size: \_\_\_\_\_ (Parish Name): \_\_\_\_\_

**Parent/Guardian Information**

**Father's Name:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cellular#: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Work#: \_\_\_\_\_  
Religion: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cellular#: \_\_\_\_\_ Work  
Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Work#: \_\_\_\_\_  
Religion: \_\_\_\_\_

Please complete the reverse side.

Name of person financially responsible for this Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent Status: ( ) Married/Living Together ( ) Separated ( ) Divorced ( ) Deceased

Child Lives With: ( ) Mother and Father ( ) Mother ( ) Father ( ) Other

Stepfather/Stepmother Name: \_\_\_\_\_

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

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., Service Plan or an I.C.E.P.? ( ) Yes ( ) No

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

\_\_\_\_\_  
\_\_\_\_\_

### 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 Gall Catholic School entering any grade are on **one-year 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: \_\_\_\_\_