

ST. GABRIEL CONSOLIDATED SCHOOL
Registration for Grades 1-8

**PLEASE SUBMIT CHILD'S BIRTH CERTIFICATE, SOCIAL SECURITY CARD
AND CUSTODY PAPERS (IF APPLICABLE) AT TIME OF REGISTRATION**

CHILD'S NAME _____ ENTERING GRADE _____
Last Name First Middle

ADDRESS _____
Street City Zip Code

BIRTHDATE _____ TELEPHONE _____
Month/Day/Year City/State

Child's Social Security # _____ Male ___ Female ___ RELIGION _____

SCHOOL TRANSFERRED FROM _____
Grade Name of School

Primary Language Spoken at Home: ___ English ___ Other _____

SACRAMENTAL RECORD: Please check which sacraments your child has received:

Baptism ___ 1st Eucharist ___ Reconciliation ___ Confirmation ___

Father/Guardian _____
Birth Father ___ Guardian ___ Steppather _____

Address (if different from child's) _____

Birthplace _____ Religion _____
City/State

Marital Status: married ___ single ___ divorced ___ separated ___ Cell Phone # _____

Occupation _____ Work Phone # _____

Place of Employment _____ E-Mail Address _____

Mother/Guardian(Maiden Name) _____
Birth Mother ___ Guardian ___ Stepmother _____

Address (if different from child's) _____

Birthplace _____ Religion _____
City/State

Marital Status: married ___ single ___ divorced ___ separated ___ Cell Phone # _____

Occupation _____ Work Phone # _____

Place of Employment _____ E-Mail Address _____

COMPLETE BACK SIDE

Church/Parish Attending _____ Registered: Yes ___ No ___

School District in which you live _____ Name of Public School child would attend _____

Has child ever repeated a grade? Yes ___ No ___ If yes, which grade(s) _____

Has student ever been evaluated for special education services? Yes ___ No ___ If yes, please list when and for what purpose.

Does student have an Individualized Education Plan (IEP)/Service Plan? Yes ___ No ___ If yes, please provide a copy of the plan.

Has student ever participated in any of the following programs: (Please check all that apply)

Gifted Enrichment ___ Remedial Reading ___ Remedial Math ___

Are there any special conditions that we should be aware of (wear hearing aid/medications taken/medical ailment, etc.)

Significant Medical History/Known Allergies: