

ST. GABRIEL CONSOLIDATED SCHOOL
Registration for Kindergarten

PLEASE SUBMIT CHILD'S BIRTH CERTIFICATE, REGISTRATION FEE,
AND CUSTODY PAPERS (IF APPLICABLE) AT TIME OF REGISTRATION.

CHILD'S NAME _____
Last Name First Middle

ADDRESS _____
Street City Zip Code

TELEPHONE _____ Male ___ Female ___ RELIGION _____

BIRTHDATE _____
Month/Day/Year City/State

Primary Language Spoken at Home: ___ English ___ Other _____

BAPTISMAL RECORD:

Church _____ City _____ State _____ Date _____

Father/Guardian _____
Birth Father ___ Guardian ___ Stepfather ___ Adoptive _____

Address(if different than 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 ___ Adoptive _____

Address(if different than 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 attended PreSchool/Kindergarten before? Yes ___ No ___

If yes, please list name and address of school

Has child ever been evaluated for Special Education? Yes ___ No ___ If yes, please list for what purpose?

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

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

Significant Medical History/Known Allergies:
