

**ST. GABRIEL SCHOOL REGISTRATION FORM**

DATE: \_\_\_\_\_

**\* FOR NEW STUDENTS ONLY**

GRADE of Student \_\_\_\_\_

**PUPIL INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Gender \_\_\_\_\_

Family Name (If different) \_\_\_\_\_ Religion of Pupil \_\_\_\_\_ Public School \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth City/State \_\_\_\_\_ Date of Birth \_\_\_\_\_

**FAMILY INFORMATION:**

FATHER: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

                    Last Name                      First                      Middle  
Religion \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_

MOTHER: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

                    Last Name                      First                      Middle  
Religion \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_

GUARDIAN: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

                    Last Name                      First                      Middle  
Religion \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_

SPOUSE ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_

**SCHOOLS ATTENDED PREVIOUSLY**

Date Entered	Name of School	City	State	Withdrawal Date	Reason

**RELIGIOUS INFORMATION:**

                    Baptism                                      First Penance                                      First Communion

Date: \_\_\_\_\_

Church: \_\_\_\_\_

City, State: \_\_\_\_\_