

# St. Elizabeth Ann Seton School

## Registration Form

<b>Office use only</b>
DATE RECEIVED _____
STUDENT NUMBER _____

GRADE ENTERING \_\_\_\_\_  
SCHOOL YEAR \_\_\_\_\_

STUDENT'S FULL NAME (No Initials)    Male                      Female                      SOCIAL SECURITY # \_\_\_\_\_

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      FULL MIDDLE NAME                      NICK NAME (IF USED)

STREET ADDRESS \_\_\_\_\_ P.O. BOX \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (    ) \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CHILD'S RELIGION \_\_\_\_\_ ETHNIC ORIGIN \_\_\_\_\_

WHEN SEND MAIL, ADDRESS TO (Choose One)    MR./MRS.    MR.    MRS.    MISS    DR./MRS.    MR./DR.

### PARENTS/GUARDIANS

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

CELL NUMBER (    ) \_\_\_\_\_ CELL NUMBER (    ) \_\_\_\_\_

OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_ NAME OF BUSINESS \_\_\_\_\_

BUSINESS PHONE (    ) \_\_\_\_\_ BUSINESS PHONE (    ) \_\_\_\_\_

RELIGION \_\_\_\_\_ RELIGION \_\_\_\_\_

EDUCATION: HIGH SCHOOL    COLLEGE    GRADUATE SCHOOL    EDUCATION: HIGH SCHOOL    COLLEGE    GRADUATE SCHOOL

DIPLOMA OR DEGREE EARNED \_\_\_\_\_ DIPLOMA OR DEGREE EARNED \_\_\_\_\_

STEPFATHER \_\_\_\_\_ STEPMOTHER \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY, IF YOU ARE UNABLE TO REACH ME, PLEASE CONTACT ONE OF THE FOLLOWING TWO PEOPLE.

NAME \_\_\_\_\_ NAME \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE NUMBER (    ) \_\_\_\_\_ PHONE NUMBER (    ) \_\_\_\_\_

DOCTOR \_\_\_\_\_ DOCTOR \_\_\_\_\_

PHONE NUMBER (    ) \_\_\_\_\_ PHONE NUMBER (    ) \_\_\_\_\_

INSURANCE \_\_\_\_\_ INSURANCE \_\_\_\_\_

**ST. ELIZABETH ANN SETON SCHOOL AND ITS PERSONNEL HAVE MY PERMISSION TO SEEK EMERGENCY MEDICAL CARE SHOULD SUCH BE DEEMED NECESSARY WHILE MY CHILD IS ENGAGED IN SCHOOL SPONSORED ACTIVITIES. I ALSO GRANT PERMISSION TO HEALTH CARE PROVIDERS TO RENDER NECESSARY SERVICES IN AN EMERGENCY SHOULD MY CHILD BECOME ILL OR INJURED WHILE ENGAGED IN A SCHOOL SPONSORED ACTIVITY.**

\_\_\_\_\_  
PARENT SIGNATURE                      DATE                      SEE REVERSE SIDE

CHURCH PARISH IN WHICH YOU ARE REGISTERED \_\_\_\_\_

CHURCH PARISH IN WHICH YOU RESIDE \_\_\_\_\_

IF YOU ARE REGISTERED IN ST. ELIZABETH ANN SETON PARISH LIST STEWARDSHIP ENVELOPE NUMBER \_\_\_\_\_

**SCHOOL PREVIOUSLY ATTENDED**

NAME OF SCHOOL

FULL ADDRESS (STREET, CITY, STATE, ZIP)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SACRAMENTS - DATES AND PLACES**

DATE

PLACE SACRAMENT WAS PERFORMED

BAPTISM

\_\_\_\_\_

\_\_\_\_\_

RECONCILIATION

\_\_\_\_\_

\_\_\_\_\_

FIRST COMMUNION

\_\_\_\_\_

\_\_\_\_\_

CONFIRMATION

\_\_\_\_\_

\_\_\_\_\_

PLEASE INDICATE HOW YOU HAVE SHARED YOUR TIME AND TALENT OR HAVE SUPPORTED ST. ELIZABETH ANN SETON PARISH OR SCHOOL. DO NOT INDICATE FINANCIAL CONTRIBUTIONS OR STEWARDSHIP, FINANCIAL SUPPORT IS STRICTLY CONFIDENTIAL AND ON RECORD IN THE PARISH OFFICE ONLY.

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*I verify that all information supplied to the school is true. I understand that failure to supply complete and true information may result in loss of registration status. I understand that completion and submission of this application form does not guarantee admission to St. Elizabeth Ann Seton School.*

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_