

REGISTRATION FORM
Elizabeth Seton Regional School
2007-2008 School Year

Please Complete All Information

Date: _____

Student Name: _____ Grade: _____ Male ___ Female ___

(2007-2008)

Student Address: _____ City & State: _____ Zip: _____

Date & Place of Birth: _____ Home Phone: _____

Student Religion: _____ Parish: _____

Student Lives With: _____ School District in Which You Reside: _____

If Applicable:

Sacrament Record:
(Include Church & Date)

Baptism _____
Eucharist: _____

CHECK ONLY IF APPLICABLE:

Registering For Kindergarten

_____ Morning Session
_____ Full Day Session

Registering for Preschool:

Half Day _____ Full Day _____
Session: 2days _____ 3days _____ 4 days _____ 5 days _____

Mother: _____ Occupation: _____

Home Address: _____ Phone: _____
(Street Address, City & Zip)

Father: _____ Occupation: _____

Home Address: _____ Phone: _____
(Street Address, City & Zip)

Only If Applicable:

Guardian: _____ Relationship: _____ Phone: _____

Please Identify Brother and/or Sisters:

1. _____ Age: _____
2. _____ Age: _____
3. _____ Age: _____

* *Office Use Only* *

* _____ Reg. Fee _____ Cash *

* _____ Check No. _____ *

* _____ Immunization Record *

* _____ Baptismal Record *

* * * * * * * * * * * * * *

If child attended Preschool, where? _____

How did you hear about our school? _____

If child is transferring from another school, please indicate school name and complete address:

Name of School: _____

Address: _____

Last grade your child completed _____ (Verification is required)