



SCHOOL OF SAINT ELIZABETH
2012-2013 K-8TH GRADE REGISTRATION FORM

Date _____

Student Last Name First Name Middle Name

GRADE applying for please circle:	K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
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Street Address _____

City/Town _____ State/Zip _____

Home Telephone _____ E-Mail _____

Mother Cell # _____ Father Cell # _____

County/State of Birth _____ Citizen of _____

Date of Birth _____ Verified _____ Male :__ Female: __

Religion _____

Father's Name _____ Living__ Deceased__ Religion _____

Mother's Name _____ Living__ Deceased__ Religion _____
(Maiden Name)

Guardian _____ Religion _____

Relationship to Child _____

Name of Parish where you are registered

Address of Church/Parish

Public School District _____

Address _____

Telephone _____

Student transferring from:

School name _____

Grade _____

School Address _____

Telephone # _____

Please include the following with Registration Form:

Copy of Birth Certificate, Copy of Baptismal Certificate, \$300. Tuition Deposit

Filing this Registration form should not be deemed acceptance to The School of Saint Elizabeth.
An application will not be considered complete until all necessary paperwork has been submitted.
You will be notified of acceptance by letter from the Principal.