



SCHOOL OF SAINT ELIZABETH
2010-2011 K-8TH GRADE REGISTRATION FORM

Date _____

Student Name _____
Last Name First Name Middle Name

Please circle grade. K 1 2 3 4 5 6 7 8

Street Address _____ Telephone _____

City/Town _____ State/Zip _____ E-Mail _____

County/State of Birth _____ Citizen of _____

Date of Birth _____ Verified ___ Yes ___ No Male: ___ Female: ___

Religion _____

Father's Name _____ Living__ Deceased__ Religion _____

Employer _____

Mother's Name _____ Living__ Deceased__ Religion _____

Employer _____

Guardian _____ Religion _____

Relationship to Child _____

Name of Parish where you are registered

Address of Church/Parish

Public School District _____

Student transferring from:

School name _____

Grade _____

Sacramental Journey

Baptism

Church Name _____

Church Address _____

Date _____ Verified: Yes ___ No ___

First Penance

Church Name _____

Church Address _____

Date _____ Verified: Yes ___ No ___

First Communion

Church Name _____

Church Address _____

Date _____ Verified: Yes ___ No ___

Please include the following with Registration Form:

Copy of Birth Certificate, Copy of Baptismal Certificate, 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.