

KINDERGARTEN – 8th GRADE REGISTRATION FORM

Date _____

Student Name _____
Last Name First Name Middle Name

GRADE: please circle: K 1st 2nd 3rd 4th 5th 6th 7th 8th

Street Address _____ Telephone _____

City/Town _____ State/Zip _____

County/State of Birth _____ Citizen of _____

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

Religion _____

Father's Name _____ Living ___ Deceased ___ Religion _____

Mother's Name _____ Living ___ Deceased ___ Religion _____

Guardian _____ (Maiden Name) 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 # _____

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 ___

Confirmation

Church Name _____

Church Address _____

Date _____ Verified: Yes ___ No ___

Please include the following with Registration Form:

Copy of Birth Certificate, Copy of Baptismal Certificate, Registration Fee

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.