

**SAINT ELIZABETH REGIONAL SCHOOL  
REGISTRATION FORM**

**Child's Name:** \_\_\_\_\_  
Last First Middle Name

**Child's Address:** \_\_\_\_\_  
Street City State Zip

**Telephone Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
Month Day Year City State

**Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**Ethnicity:** \_\_\_\_\_ American Indian/Native Alaskan \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Multi-Racial

**Religion:** \_\_\_\_\_ **Parish:** \_\_\_\_\_

**Public School District:** \_\_\_\_\_

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**STUDENT INFORMATION**

**Entering grade:** (Circle one) K 1 2 3 4 5 6 7 8

**Last School Attended** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Siblings:** Number Older \_\_\_\_\_ Ages \_\_\_\_\_ Number Younger \_\_\_\_\_ Ages \_\_\_\_\_

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**SACRAMENTS RECEIVED:**

**Baptism:**

Date: \_\_\_\_\_ Parish Name: \_\_\_\_\_

City State

**First Holy Communion:**

Date: \_\_\_\_\_ Parish Name: \_\_\_\_\_

City State

**Confirmation:**

Date: \_\_\_\_\_ Parish Name: \_\_\_\_\_

City State

**FAMILY INFORMATION:**

**Marital Status:** \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated

**Father's Name:** \_\_\_\_\_

\_\_\_\_\_ Living \_\_\_\_\_ Deceased

**Address:** (if different than the child's)

\_\_\_\_\_  
\_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

City State or Country

**Religion:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

(if remarried):

**Telephone Numbers:**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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**If child does not reside with either parent,  
please complete the following:**

**Guardian's Name:**

\_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Telephone Numbers:**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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**Mother's Name:** \_\_\_\_\_

\_\_\_\_\_ Living \_\_\_\_\_ Deceased

**Maiden Name:** \_\_\_\_\_

**Address:** (if different than the child's)

\_\_\_\_\_  
\_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

City State or Country

**Religion:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

(if remarried):

**Telephone Numbers:**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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List any medical conditions the student has:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any medications the student has to take:

\_\_\_\_\_

\_\_\_\_\_

|                                                 |
|-------------------------------------------------|
| <b>OFFICE USE ONLY</b>                          |
| <b>Birth Certificate</b> _____                  |
| <b>Baptismal Certificate</b> _____              |
| <b>Registration Fee</b> Check# _____ Cash _____ |

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**PARENTAL COMMITMENT**

I have enrolled my child in Saint Elizabeth Regional School with the understanding that I will cooperate with the School policy and support my child by attending parent conferences and meetings that pertain to my child. I understand that my child will receive instruction in the Catholic faith and that he/she is responsible to attend and participate in all school religious functions. I will attempt to clarify any obvious differences in the practice of the faith or in belief.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date