

# St. Elizabeth Ann Seton School Sibling Registration Form

Office use only

DATE RECEIVED \_\_\_\_\_

GRADE ENTERING \_\_\_\_\_  
IF PRE-K1,2,3    3 DAYS \_\_\_\_ 5 DAYS \_\_\_\_

STUDENT'S FULL NAME (No Initials) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

LAST NAME	FIRST NAME	FULL MIDDLE NAME	NICK NAME (IF USED)
STREET ADDRESS _____		P.O.BOX _____	
CITY _____		ZIP _____	
HOME PHONE ( ) _____		BIRTH DATE _____	
CHILD'S RELIGION _____		ETHNIC ORIGIN _____	
SIBLING OF: _____		MALE _____	FEMALE _____
ETHNICITY: CAUCASIAN    BLACK    ASIAN    HISPANIC    INDIAN    OTHER _____			

WHEN SEND MAIL, ADDRESS TO (Circle One)    MR./MRS.    MR.    MRS.    MISS    DR./MRS.    MR./DR.

## PARENTS/GUARDIANS

MOTHER'S NAME _____	FATHER'S NAME _____
CELL NUMBER ( ) _____	CELL NUMBER ( ) _____
EMAIL _____	EMAIL _____
OCCUPATION _____	OCCUPATION _____
NAME OF BUSINESS _____	NAME OF BUSINESS _____
BUSINESS PHONE ( ) _____	BUSINESS PHONE ( ) _____
RELIGION _____	RELIGION _____
EDUCATION: HIGH SCHOOL    COLLEGE    GRADUATE SCHOOL	EDUCATION: HIGH SCHOOL    COLLEGE    GRADUATE SCHOOL
DIPLOMA OR DEGREE EARNED _____	DIPLOMA OR DEGREE EARNED _____
STEPFATHER _____	STEPMOTHER _____

CHURCH PARISH IN WHICH YOU ARE REGISTERED \_\_\_\_\_

CHURCH PARISH IN WHICH YOU RESIDE \_\_\_\_\_

IF YOU ARE REGISTERED IN DIVINE MERCY PARISH LIST STEWARDSHIP ENVELOPE NUMBER \_\_\_\_\_

**SEE REVERSE SIDE**

**SCHOOL PREVIOUSLY ATTENDED**

NAME OF SCHOOL

FULL ADDRESS (STREET, CITY, STATE, ZIP)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAS THE STUDENT EVER REPEATED A GRADE?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

HAS THE STUDENT EVER HAD AN EDUCATIONAL/PSYCHOLOGICAL EVALUATION?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

**SACRAMENTS - DATES AND PLACES**

DATE

PLACE SACRAMENT WAS PERFORMED

BAPTISM

\_\_\_\_\_

\_\_\_\_\_

RECONCILIATION

\_\_\_\_\_

\_\_\_\_\_

FIRST COMMUNION

\_\_\_\_\_

\_\_\_\_\_

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PLEASE INDICATE HOW YOU HAVE SHARED YOUR TIME AND TALENT OR HAVE SUPPORTED ST. ELIZABETH ANN SETON SCHOOL OR DIVINE MERCY PARISH. DO NOT INDICATE FINANCIAL CONTRIBUTIONS OR STEWARDSHIP, AS FINANCIAL SUPPORT IS STRICTLY CONFIDENTIAL AND ON RECORD IN THE PARISH OFFICE ONLY.

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*I verify that all information supplied to the school is true. I understand that failure to supply complete and true information may result in loss of registration status. I understand that completion and submission of this application form does not guarantee admission to St. Elizabeth Ann Seton School.*

\_\_\_\_\_

PARENT'S SIGNATURE

\_\_\_\_\_

DATE