

Saint Elizabeth Ann Seton Office of Religious Education
TRANSFER STUDENT REGISTRATION 2016/2017

Today's date _____ R.E. level entering _____

Child's Name _____ Male _____ Female _____
Last First Middle

Date of birth _____ Place of birth _____ was this child Baptized in a Catholic Church? Y/N _____

Date of Baptism _____
Date Church Name and Address Zip Code

First Communion _____
Date Church Name and Address Zip Code

Are you Parishioners of St. Elizabeth Ann Seton? Y/N _____; If not what Parish? _____

Previous Religious Education

Church/School Name _____ Years attended _____

Family History

Family Name _____ Husband _____ Wife _____

Full Mailing Address _____
Street Town State Zip Code

Email address (for program announcements/changes) _____

Person to whom all correspondence should be addressed _____
(Relationship to child)

Home Phone # _____ ** Cell _____

**** This number should be a number to call in case an emergency occurs during class.**

Family History

(Biological) Father's name _____ Mother's maiden name _____

Father's occupation _____ Religion _____ Work Phone # _____

Mother's occupation _____ Religion _____ Work Phone # _____

As of this September, what grade will the child be in public school? _____

Which public school will child attend? _____

What day is your 1st choice for class? _____ 2nd choice _____

Sibling(s) in Program

Level

Special Education Needs

Indicate any special education needs this child has that the office should be made aware and how best to accommodate these needs.

X _____

(Print name)

(Signature)

(Date)

For Office Use Only:

Day: Sun, Mon, Wed, Wed Eve, Thurs, Sat

Level _____ Room _____

Credit/Cash/Check No.: _____ Amount: \$ _____ Check Date: _____ Bal: \$ _____

Communion (\$75) _____ Confirmation (\$75) _____ 6th grade Bible (\$10) _____ 7th grade Retreat (\$10) _____