

Saint Elizabeth Ann Seton Office of Religious Education
TRANSFER STUDENT REGISTRATION 2017/2018

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 _____

Required Transcripts from previous Rel. Ed. _____ Attached Y/N _____
(Transcripts AND Baptismal Record MUST be provided at time of registration)

Family Information

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)

Day: Sun, Mon, Wed, Wed Eve, Thurs, Sat	Level _____ Room _____	For Office Use Only:
Credit/Cash/Check No.: _____	Amount: \$ _____	Check Date: _____ Bal: \$ _____
Communion (\$75) _____	Confirmation (\$75) _____	6 th grade Bible (\$10) _____ 7 th grade Retreat (\$10) _____