

**Saint Elizabeth Ann Seton Office of Religious Education  
TRANSFER STUDENT REGISTRATION 2018/2019**

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 1<sup>st</sup> choice for class? \_\_\_\_\_ 2<sup>nd</sup> 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: _____
Communion (\$75) _____	Confirmation (\$75) _____	6 <sup>th</sup> grade Bible (\$10) _____
		7 <sup>th</sup> grade Retreat (\$10) _____