

STUDENT REGISTRATION

(PLEASE PRINT – Custodial parent must complete this form.)

COPY OF BIRTH CERTIFICATE MUST BE IN STUDENT'S FILE 14 DAYS AFTER ENROLLMENT

Family Name: _____ Parish Name: _____
(Respective parish office will determine participating status)

Student Information

School Year: _____ Grade: _____ Siblings Enrolled: Yes _____ No _____

Public School District of Residence: _____

Public Elementary School of Residence: _____

Name: Last _____ First _____ Middle _____
(Name must be as it appears on birth certificate)

Prefers to be called: _____ Religion: _____ Race: _____

St. Andrew-St. Elizabeth Ann Seton Catholic School abides by the teachings and rules of the Catholic Church, and Faith is integrated into all aspects of the school's activities. According to the Catholic Faith, a person's sexual identity is rooted in one's biological identity as male or female. St. Andrew-St. Elizabeth Ann Seton Catholic School considers the gender of all students as being consistent with their biological sex, including participation in school athletics and teams, school-sponsored dances, dress and uniform policies, the use of changing facilities, showers, locker rooms, sleeping accommodations on trips, titles, names and pronouns, and school records. As an applicant/registrant and/or parent/guardian for admission to St. Andrew-St. Elizabeth Ann Seton Catholic School, I understand and agree to this policy. Please state your child's biological sex: Male _____ Female _____

Birth Date: _____ Birthplace: _____
(Month) (Day) (Year) (City/State)

Home Address: _____
(Street) (City) (State) (Zip)

Sacraments	Date	Church	City/State
Baptism			
First Eucharist			
Reconciliation			

What native language does this student most frequently speak? (ex. English, Spanish, etc.) _____

School Last Attended: _____ Grade: _____

Address of former school: _____
(Street) (City) (State) (Zip)

Phone of former school: _____

Birth Parents: Married _____ Separated _____ Divorced* _____ Single _____ Court Order _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other _____

* If divorced, who has custody? _____

(If child resides with someone other than natural parent, evidence of legal custody must be presented and filed with school. If legal documents are not available, a letter from an attorney explaining efforts to obtain custody must be sent to school within 10 days and a copy of custodial papers must be submitted within sixty (60) days after enrollment.)

Mother/Guardian Information

Salutation: Dr. _____ Mrs. _____ Ms. _____ Miss _____

Name: Last _____ First _____ **Maiden** _____

Address: _____
(If not same as student) street city state zip

Marital Status: Married _____ Separated _____ Divorced _____ Single _____

Relationship: Birth Mother ___ Stepmother ___ Adoptive Mother ___ Guardian ___ Deceased ___

Religion:	Birthplace:
Employer:	Occupation:
Work Phone:	Cell Phone:
Home Phone:	Email:

Father/Guardian Information

Salutation: Dr. _____ Mr. _____

Name: Last _____ First _____

Address: _____
(If not same as student) street city state zip

Marital Status: Married _____ Separated _____ Divorced _____ Single _____

Relationship: Birth Father ___ Stepmother ___ Adoptive Father ___ Guardian ___ Deceased ___

Religion:	Birthplace:
Employer	Occupation:
Work Phone:	Cell Phone:
Home Phone:	Email:

Please check this box to allow us to text your cell phone with important school messages

Please write in the email you wish to have published in the SASEAS directory: _____

Emergency Contact Information

(If the above parent(s)/guardian(s) cannot be reached, please list a local emergency contact.)

Emergency Contact Name: _____

Relationship of Emergency Contact to student: _____

Home Phone # _____ Cell # _____

My signature below certifies that I am a custodial parent of the child named above and the information given above is true and accurate to the best of my knowledge. I understand that if my child is accepted any registration fees paid are non-refundable and I agree to pay all tuition charged by SASEAS School on a timely basis in order to assure continuous enrollment, issuance of report cards, and release of records.

(Signature of Custodial Parent) **(Date)**

For Office Use Only

REGISTRATION FEE PAID	YES	NO	AMOUNT	CHECK #	CASH
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