

Saint Elizabeth Ann Seton Office of Religious Education
TRANSFER STUDENT REGISTRATION 2010/2011

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

Child's Name _____ Male _____ Female _____
Last First

Date of birth _____ Was this child Baptized in a Catholic Church? Yes _____ No _____

Date of Baptism _____
Date Church Name and Address Zip Code

First Communion _____
Date Church Name and Address Zip Code

Penance prepared at _____
Church Name and Address Zip Code

Previous Religious Education

Church/School Name _____ Years attended _____

Family History

Family Name _____ Husband _____ Wife _____

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 should an emergency occur 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 the child attend? _____

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

If needed are you able to be a substitute for this child's class? Yes _____ or No _____

*******Please complete other side*******

For Office Use Only:

Day: Sun, Mon, Wed, Wed Eve, Thurs, Thurs Eve, Sat **Level** _____ **Room** _____

Credit/Cash/Check No.: _____ **Amount:** _____ **Check Date:** _____

Communion(\$55) _____ **Confirmation(\$75)** _____ **6th grade Bible(\$10)** _____

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.

(Print name)

(Signature)

(Date)