



# St. Elizabeth Seton Catholic School

## Application

2730 53<sup>rd</sup> Terrace SW, Naples, FL 34116

(239) 455-2262/Fax (239) 455-0549/www.saintelizabethseton.com

### STUDENT INFORMATION

Application for grade \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender:  M  F  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Email \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_

Ethnicity  Caucasian  African American  Hispanic  Asian  Other: \_\_\_\_\_

#### STUDENT RESIDES WITH:

Religion \_\_\_\_\_

Both Parents

Home Parish \_\_\_\_\_

Mother Only

Location \_\_\_\_\_

Father Only

Baptismal Church \_\_\_\_\_

M/Stepfather

Location/Date \_\_\_\_\_

Name \_\_\_\_\_

First Communion Church \_\_\_\_\_

F/Stepmother

Location/Date \_\_\_\_\_

Name \_\_\_\_\_

Guardian

Confirmation Church \_\_\_\_\_

Name \_\_\_\_\_

Location/Date \_\_\_\_\_

Father Deceased

Mother Deceased

Parents Separated

Parents Divorced

**Please provide legal documentation if there are any restrictions on release of information, school visitation, or pick-up, by the child's legal guardian(s).**

Is a language other than English spoken at home?

YES  NO If YES, what language(s)? \_\_\_\_\_

Did the student have a first language other than English?

YES  NO If YES, what language(s)? \_\_\_\_\_

Does the student most frequently speak a language other than English?

YES  NO If YES, what language(s)? \_\_\_\_\_

### PARENT AND FAMILY INFORMATION

Full Name of Father \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Full Name of Mother \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### SCHOOL INFORMATION

School Last Attended \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Does your child have a current IEP? If yes, please describe the nature of the testing: \_\_\_\_\_

\_\_\_\_\_

Does your child already have siblings attending St. Elizabeth Seton Catholic School or a sibling who will be enrolled with him/her?

YES     NO    If YES, please list names and grades below:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

If there is anyone other than the parent or guardian who will be picking up your child regularly, please list their name and relationship below.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Please list two additional emergency numbers that can be reached during the day in case of school closing or emergency (other than parents).**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Is your child taking any medication?     YES     NO

If YES, please list medications and what they are for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child ever had:     Measles     Mumps     Chicken Pox     Convulsions  
 Diabetes     Allergies     Meningitis     Whooping Cough

Does your child have:

Hearing Loss?     YES     NO

Speech Disabilities?     YES     NO

Learning Disabilities?     YES     NO

Does your child have any physical handicaps, allergies, or other conditions that might affect his/her school work or that we should know about in order to respond correctly should an incident arise?

YES     NO    If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

If information regarding testing services is withheld from the school at the time of registration, or if the information given to the school is false, the consequences will be the immediate expulsion of the student from St. Elizabeth Seton Catholic School.



## St. Elizabeth Seton Catholic School Registration Checklist for 2018-2019

Please note that registration will not be deemed complete until all of the information below has been received.

- \_\_\_\_\_ Application Fee of \$200
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Record of immunizations (must be dated within current year)
- \_\_\_\_\_ Proof of recent physical exam (must be dated within current year)
- \_\_\_\_\_ Copy of Baptismal Certificate (even if child is baptized in a different faith)
- \_\_\_\_\_ Copy of First Communion Certificate
- \_\_\_\_\_ Completed Student Application
- \_\_\_\_\_ Report cards, standardized testing and academic plans from previous school