

Testing Date: \_\_\_\_\_  
 Registration Date: \_\_\_\_\_



**St. Elizabeth Seton Catholic School**  
**New Student Application Form**

Date: \_\_\_\_\_  
 Entering Grade: \_\_\_\_\_

**Student Information**

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Place of Birth</b>
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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Home or Primary Phone</b>
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<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	What is the primary language(s) spoken at home?
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<b>Student Ethnicity &amp; Race</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Ameri. Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White	<b>Family Parish and Church Membership</b> <b>Religion:</b> <input type="checkbox"/> Catholic <input type="checkbox"/> Other Religion _____ Registered Parish: _____ <b>Baptized:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>First Communion:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Confirmation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>** copies of certificates required</b>	Current School (Name): _____ Address: _____ _____ Grade: _____ <b>Special Accommodations:</b> _____ IEP / 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No (Identify) _____ _____
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**Parent and Family Information**

**Student Resides With:**  Both parents  Mother only  Father only  Shared  Guardian  M/Stepfather  F/Stepmother  
 Father Deceased  Mother Deceased  Parents Separated  Parents Divorced

**Please provide legal documentation if there are any restrictions for release of information, school visitation, or pick-up.**

FATHER <input type="checkbox"/> STEPFATHER	MOTHER <input type="checkbox"/> STEPMOTHER
Name:	Name:
Occupation:	Occupation:
Company Name:	Company Name:
Work #: Cell #:	Work #: Cell #:
Email:	Email:
Religion: SES Alumni: <input type="checkbox"/> Yes Yr:	Religion: SES Alumni: <input type="checkbox"/> Yes Yr:

**PARENT IN SEPARATE HOUSEHOLD OR NON-CUSTODIAL PARENT INFO:**

Name: Cell #: Work #:  
 Address:  
 Email: SES Alumni:  Yes Yr.

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: \_\_\_\_\_

Please list below anyone, other than the parent or guardian, authorized to pick up your child from school.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Medical Information

Does your child have any special medical needs or physical limitations / precautions that the school should be aware of?  Yes  No

If yes, please explain:  additional information attached

**Allergies:**  Yes  No List: \_\_\_\_\_ **Epipen:**  Yes  No

Is your child taking **ANY** medication?  Yes  No If YES, please list medication name and what is it for: \_\_\_\_\_

**Prescribed Medication:**  Yes  No (if yes, attach Authorization For Medication Form)  form attached

Child's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has your child had any of the following:  Measles  Mumps  Chicken Pox  Convulsions  Diabetes  Meningitis  Whooping Cough

Does your child have any of the following:  hearing loss  speech disabilities  learning disabilities

### Emergency Contacts

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### CONSENT TO ENROLLMENT

Unless advised to the contrary, St. Elizabeth Seton Catholic School will presume that a parent who enrolls his/her child as a student is the student's custodial parent, and that the enrolling parent has the right to enroll the child at St. Elizabeth Seton Catholic School and/or the consent of the other parent to do so. Please note: Applications must be presented with **all other requirements** in order to be considered. **An application is not a guarantee of acceptance. Application fees are non-refundable.**

\_\_\_\_\_  
**Registering Parent Signature**

\_\_\_\_\_  
**Date**