

STUDENT INFORMATION:

Date: _____ Grade as of September 2010 _____

Name: _____ M ___ F ___
Last First Middle Nickname

Address: _____
Number & Street City, State & Zip Code

Home Telephone: _____ Place of Birth: _____

Birth Date: _____
City, County & State

Religion: _____

PARENT INFORMATION:

Father's Name: _____ Education: _____

Address: _____ Occupation: _____

E-Mail Address: _____ Cell Phone #: _____ Religion: _____

Employer: _____
Name Number & Street City, State & Zip Code Phone #

Marital Status: (check one) Married ___ *Remarried ___ *Separated ___ *Divorced ___ Widowed ___

Mother's Maiden Name: _____ E-Mail: _____ Cell Phone: _____

Mother's Name: _____ Education: _____ Religion: _____

Address: _____ Occupation: _____

Employer: _____
Name Number & Street City, State & Zip Code Phone #

Marital Status: (check one) Married ___ *Remarried ___ *Separated ___ *Divorced ___ Widowed ___

***PLEASE INDICATE PARTY RESPONSIBLE FOR PAYMENT**

STUDENT BACKGROUND INFORMATION:

Please complete the following information:

Name of School Transferring From: _____

Address: _____
Number & Street City & State Zip Code

Is the student receiving any educational accommodations in the classroom? Yes ___ No ___ If yes, please specify: _____

Has the student had any educational testing? Yes ___ No ___ Does the student have a current IEP? Yes ___ No ___

Ethnic Origin: (please check)
American Indian ___ Asian ___ Black (non-Hispanic) ___ Hispanic ___ White/Caucasian ___ Other (Specify) _____

Languages spoken, written or read at home: _____

Student resides with (check one): Mother ___ Father ___ Both Parents ___ Other (specify) _____

PARISH FAMILY IS PRESENTLY REGISTERED IN:

Name of Church: _____

Address of Church: _____
Number & Street City, State & Zip Code

PARISH ENVELOPE NUMBER: _____ (NUMBER WILL BE VERIFIED BY SCHOOL OFFICE)

SPECIAL NOTATIONS

CHILDREN ENTERING KINDERGARTEN MUST HAVE BEEN BORN ON OR BEFORE September 1, 2005.
Parish number (above) MUST be filled in.
Birth and Baptismal certificates required.
\$200.00 nonrefundable fee per student is required with submission of this form.
Copy of standardized test scores, previous year's report card, and current report card are required prior to interview.
Upon Acceptance, a \$1,800 nonrefundable deposit will be required to hold your spot for the 2010-2011 school year. This deposit will be applied to your second-quarter tuition payment and is nonrefundable.

SACRAMENTAL INFORMATION:

Baptism Date: _____ Church: _____

Religion/Denomination _____ Address: _____
Number & Street --City, State & Zip Code

Holy Eucharist Date: _____ Church: _____

Address: _____
Number & Street City, State & Zip Code

SIBLINGS - Please list brothers and sisters of this student:

Name of Brothers/Sisters	Date of Birth	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH INFORMATION:

Please list any serious health problems this child may have.

I understand that my signature on this agreement verifies that all tuition, fees and deposits are nonrefundable and that I will abide by the policies and procedures of St. Elizabeth School.

Signature _____ Date _____

Please return your completed, signed application along with \$200.00 nonrefundable registration fee to: St. Elizabeth School, Attention: Mrs. Barbara Murray, 917 Montrose Road, Rockville, MD 20852.

FOR OFFICE USE ONLY

Payment received: Check # _____ Date: _____

Parish number verified: # _____ St. Elizabeth _____ St. Raphael _____

