

MOTHER SETON ACADEMY

4219 US Highway 9
Howell, New Jersey 031

For School Use Only

<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Baptism Certificate
<input type="checkbox"/>	Communion Certificate
<input type="checkbox"/>	Confirmation Certificate
<input type="checkbox"/>	Report Cards
<input type="checkbox"/>	Standardized Scores (3-8)
<input type="checkbox"/>	Child Study Evaluation

For School Use Only

Check # _____
Check Date _____
Amount. Pd. _____
Date Registered _____

Registration for student entering grade (K—8) : _____

Child's Last Name		First Name		Middle Name		Gender	
Address			City, Zip			Phone	
Public School District of Residence:							
Date of Birth (mm/dd/yyyy)			Place of Birth (City, State)			Country of Citizenship	
Religion		Registered Parish					
Admitted from (current school)				City, State		Current Grade	
Has child ever had a Child Study Team Evaluation?		Does child have a current IEP/ISP? (please provide cop of most current IEP/ISP)			Does child have all up-to-date inoculation/vaccinations?		
NO <input type="checkbox"/> YES <input type="checkbox"/>		NO <input type="checkbox"/> YES <input type="checkbox"/>			NO <input type="checkbox"/> YES <input type="checkbox"/>		
MOTHER SETON ACADEMY DOES NOT ACCEPT RELIGIOUS EXEMPTIONS							
Father Name		Address (if different from child)		Occupation & work #		Religion	
						Cell & Email	
Mother Name (include maiden name)		Address (if different from child)		Occupation & work #		Religion	
						Cell & Email	
Guardian (if other than parent)		Address (if different from child)		Occupation & work #		Religion	
						Cell & Email	

Check all that apply

<input type="checkbox"/> Two Parents	<input type="checkbox"/> One Parent	<input type="checkbox"/> Parents Separated/Divorced
<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Father Remarried	<input type="checkbox"/> Mother Remarried
<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Mother Deceased

Child resides with	Parental Rights (in case of separation/divorce—please supply court order)
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Language Spoken at Home	Ethnicity
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CHILD'S SACRAMENTS

Parish of Baptism	City/State	Date
Parish of First Penance	City/State	Date
Parish of First Eucharist	City/State	Date
Parish of Confirmation	City/State	Date

CHILD'S SIBLINGS

First & Last Name	Date of Birth (mm/dd/yyyy)
First & Last Name	Date of Birth (mm/dd/yyyy)
First & Last Name	Date of Birth (mm/dd/yyyy)

By my signature below I certify the information I provided on and in connection with this form is true and accurate. I understand that any false statements or deliberate omissions on this document may be grounds for non-acceptance.

Parent/Guardian Signature: _____

Please print name: _____