



St. Elizabeth Ann Seton Academy
909 Lonsdale Avenue
Central Falls, RI 02863
(401) 728-6230 – Phone
(401) 723-9532 – Fax

STUDENT REGISTRATION FORM

Please Print Clearly
& Complete Both Sides

****** FOR NEW REGISTRATIONS ONLY --- A copy of child's birth certificate, health records (immunization forms), copy of students' current report card (if applicable) must accompany this registration form.**

A non-refundable registration fee of \$100.00 must accompany this registration form.

Applications will not be accepted without ALL the above information.

Today's Date: _____

Student's Name _____

Address _____
Last First Middle City/State

Zip Code _____ Telephone () _____ Sex(circle one): F M

Race (check one): American Indian Black (non-Hispanic) Asian Hispanic White
 Other (please specify) _____

Language other than English used at home: _____

Student's Date of Birth: _____ City & State of Birth _____

*** Grade Entering _____ Name of Current School (if applicable) _____

Address of current school _____

Student lives with: both parents mother father other(specify) _____

FATHER INFORMATION

*** Father's Name _____

Address (if different) _____
Last First Middle

City, State, Zip: _____

Occupation: _____

Home Telephone Number () _____ Cell Number () _____

Work Telephone Number () _____

