



# St. Elizabeth of Hungary Catholic School

4019 S. Hampton Rd. • Dallas, TX 75224  
Phone: 214-331-5139 • Fax: 214-467-4346

## 2010-2011 FAMILY REGISTRATION FORM

Date: \_\_\_\_\_

PLEASE PRINT

STUDENT LAST NAME: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

FAMILY LAST NAME (If different from student): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student lives with (circle one):    Parents    Mother    Father    Other \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is Family a Registered Member of St. Elizabeth Church?     Yes     No    Church Envelope # \_\_\_\_\_

Do you want your Name/Address included in the School Directory?     Yes     No

(If no selection is made, your information will not be included in directory)

**If Student is transferring from another School, please provide the following information. We must have this information in order to request transcripts.**

FOR OFFICE USE	
_____ Birth Certificate	
_____ Baptismal Certificate / Catholic?	<input type="checkbox"/> Y <input type="checkbox"/> N
_____ Immunization Records	
_____ Testing Date	____/____/____

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

In emergency, state hospital of preference \_\_\_\_\_

Doctor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### COMPLETE NAMES, ADDRESSES, AND PHONE NUMBERS OF THOSE, OTHER THAN PARENTS TO CONTACT

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

*Continued*

**Grade Next August**

Age      Sex      Exact Date of Birth      Catholic (Yes/No)

Please enter student's name (First and Last) on the appropriate line for their grade.

Pre-K4	_____	_____	_____	_____
Kindergarten	_____	_____	_____	_____
Grade One	_____	_____	_____	_____
Grade Two	_____	_____	_____	_____
Grade Three	_____	_____	_____	_____
Grade Four	_____	_____	_____	_____
Grade Five	_____	_____	_____	_____
Grade Six	_____	_____	_____	_____
Grade Seven	_____	_____	_____	_____
Grade Eight	_____	_____	_____	_____

THIS IS TO CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

X \_\_\_\_\_ X \_\_\_\_\_

SIGNATURE OF BOTH PARENTS REQUIRED UNLESS THIS IS A ONE-PARENT HOME

**OFFICE USE**

Tuition \$ \_\_\_\_\_ Paid in Full  Date Paid \_\_\_\_\_ Check # \_\_\_\_\_

Partial Payment      Amount \$ \_\_\_\_\_      Date Paid \_\_\_\_\_      Check # \_\_\_\_\_

TCCU Loan      Loan Amount \$ \_\_\_\_\_

Registration \$ \_\_\_\_\_      Technology Fee \$ \_\_\_\_\_      Testing Fee \$ \_\_\_\_\_

Date Paid \_\_\_\_\_      Date Paid \_\_\_\_\_      Date Paid \_\_\_\_\_

Check # \_\_\_\_\_      Check # \_\_\_\_\_      Check # \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_