

**SAINT ELIZABETH OF HUNGARY
FIRST YEAR REGISTRATION
2024 – 2025**

Student Information

First Name: _____ **Last Name:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Email: _____ **Cell Phone:** _____

Parent/Guardian Information

Mother

Father

First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Address: _____	Address: _____
City: _____	City: _____
Zip: _____	Zip: _____
Email: _____	Email: _____
Phone: _____	Phone: _____

Religious History for the Student

Baptism

First Communion

Church: _____	Church: _____
Street: _____	Street: _____
City: _____	City: _____
Zip: _____	Zip: _____
Baptism Date: _____	1st Communion Date: _____

Payment: Cash/Ck. _____ *Amount* _____ *Date:* _____
Payment: Cash/Ck. _____ *Amount* _____ *Date:* _____
Payment: Cash/Ck. _____ *Amount* _____ *Date:* _____
Payment: Cash/Ck. _____ *Amount* _____ *Date:* _____
CII Retreat Payment: Cash/Ck. _____ *Amount* _____ *Date:* _____