

SAINT ELIZABETH SETON CHURCH
Rocky Hill, Connecticut
STUDENT IDENTIFICATON FORM, 2010-2011

STUDENT'S NAME: _____

Last First Middle

ADDRESS: _____

TELEPHONE: _____ SCHOOL: _____

BIRTHDATE: _____ PLACE OF BIRTH: _____

IS STUDENT NEW TO PROGRAM?* _____

FATHER'S NAME: _____

Last First Middle

PLACE OF EMPLOYMENT: _____

TELEPHONE: _____ CELL PHONE: _____

RELIGION _____ MARITAL STATUS: _____
(Married/Single/Divorced/Separated)

MOTHER'S NAME: _____

Maiden Name First Middle

PLACE OF EMPLOYMENT: _____

TELEPHONE: _____ CELL PHONE: _____

RELIGION: _____ MARITAL STATUS: _____
(Married/Single/Divorced/Separated)

E-MAIL ADDRESS: _____

FAMILY NAME (IF DIFFERENT FROM STUDENT'S NAME)

SEND CORRESPONDENCE TO: (M/M, Mr., Mrs., Ms.) (*Circle one*)

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name Phone Relationship

*If student is new to the program, a copy of their Baptismal certificate will need to be provided.

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