



St. Elizabeth Ann Seton Regional School

2341 Washington Avenue • Bellmore, NY 11710 • Tel: (516) 785-5709 • Fax: (516) 785-4468

2021-22 Transfer Registration Form

Student Name: _____

Grade: _____ Date of Birth: _____

Address: _____

City/State/Zip Code: _____

Public School District of Residence: _____

Guardian First Name: _____ Last Name: _____

Relationship to Student: _____

Current School: _____

Religion: _____

Parish: _____ Town: _____

Citizenship: _____

Please indicate if your child has or receives any of the following:

_____ Academic Intervention Services (AIS) _____ 504 _____ IEP

Please describe if there are any circumstances regarding your child the school should be aware of: _____

Does your child currently receive Tomorrow's Hope assistance? _____ Yes _____ No

Have you applied or will you apply for Tomorrow's Hope assistance for the 2021-22 school year? _____ Yes _____ No

Does your child receive any other financial assistance? _____ Yes _____ No

If yes, please describe: _____

I authorize _____ School to release the permanent record card and most recent report card to St. Elizabeth Ann Seton Regional School.

Guardian Signature

Date