



St. Elizabeth Ann Seton Catholic Church  
2016 Willis Lane Keller, TX 76248  
Telephone: 817-431-3857  
Fax: 817-431-9568

Student's Name: \_\_\_\_\_

Additional Student names: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In my absence the following adults\*/siblings\*\* have permission to pick-up my child(ren) from class:

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

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

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

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

\*Photo I.D. will be required by anyone other than the parent/legal guardian.

\*\* Not to include Elementary or Middle School R.E. students.

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