



PARISH FORM

Please complete and submit to your parish Pastor.

Student name (please print) _____

Birthdate _____ Grade entering Fall 2026: _____

Address _____ City _____ State _____ Zip _____

Name of school currently attending _____

School address _____ City _____ State _____ Zip _____

Student lives with (circle one): Mother and Father Mother Father Other _____

Name of Parent/Guardian _____ Relationship _____ Phone _____

Name of Parent/Guardian _____ Relationship _____ Phone _____

Name of Parish/Church _____

Parent/Guardian signature _____

My signature indicates I am a member of _____ Parish/Church, and I am an active, practicing Catholic by being registered and by regular attendance at Mass and sharing of our time, talent, and treasure with the parish family.

Student signature _____

If you are registered in a Catholic Church in the area, this form is to be submitted to your parish office.

TO BE COMPLETED BY YOUR CATHOLIC PARISH PRIEST:

My signature indicates the student applicant named above and his/her family are active parishioners, and thereby, qualify for the Catholic rate of tuition at St. Elizabeth Ann Seton Catholic School.

Signature _____ Printed name _____ Date _____

Directions for parish: Please mail signed form to St. Elizabeth Ann Seton School.

St. Elizabeth Ann Seton Catholic School
1300 Carolina Forest Boulevard, Myrtle Beach, SC 29579
P: 843-903-1400 www.setoncatholicsc.org