

REGISTRATION FOR SACRED HEART SCHOOL

Registration Date _____ Registering for Grade/Program _____

Name _____ Sex _____

Legal First

Middle

Last

Birthdate _____ Social Security Number _____

Address _____ Phone _____

Current School _____ Current Grade _____

Address

SACRAMENTS

Baptism _____

Place

Date

Penance _____

Place

Date

Eucharist _____

Place

Date

ADDITIONAL INFORMATION

Vision: Corrective lenses/contacts? _____ Other _____

Hearing: Tubes? _____ Other _____

Speech: Formal speech therapy? _____ Other _____

Learning Disabilities: Active IEP? _____ Other _____

Pertinent Health Information: Please list any surgery, chronic conditions, etc. which may affect your child's performance or participation in school activities.

Office Use: Received _____ Birth Cert _____ Bap Cert _____ Fee _____

FAMILY INFORMATION

Mother:

Home Address:

Home Phone:

E-mail Address _____

Cell # _____

Business Name:

Business Address:

Business Phone:

Father:

Home Address

Home Phone:

Business Name:

Business Address:

Business Phone:

If the custodial parents are not those listed above, please note here:

Brothers and Sisters: List the names and birthdates of all brothers and sisters, oldest to youngest:

Name

Birth Date

Name

Birth Date

In the event of an early school closing, please give specific information as to what your child(ren) is to do. (ex: where does he/she go; who is to pick him /her up from school.....)