

SACRED HEART SCHOOL REGISTRATION FORM

NAME: _____ **SEX: (M) (F) BIRTHDATE:** _____
Last First Middle Month/Day/Year

ADDRESS: _____ **HOME PHONE:** _____

EMAIL _____ **CELL NUMBER:** _____

PARENT'S NAME:

FATHER: _____ **MOTHER:** _____
First Last First Maiden

WORK NAME & ADDRESS & TELEPHONE:

FATHER: _____ **MOTHER:** _____

MARITAL STATUS:

FATHER: M ___ Dec. ___ Div. ___ Re-M. ___ **MOTHER:** M ___ Dec. ___ Div. ___ Re-M. ___

PARENT'S RELIGION:

FATHER: _____ **MOTHER:** _____

OCCUPATION:

FATHER: _____ **MOTHER:** _____

PUPIL LIVES WITH: _____

DATE AND PLACE OF: BAPTISM: _____

	Date	Place
FIRST HOLY COMMUNION	_____	_____
	Date	Place

NO. & NAMES OF OLDER SISTERS & BROTHERS: _____

SPECIAL DISABILITIES: _____

STUDENT ENTERED FROM: _____ **SCHOOL**
DATE: _____

If you are entering more than one student into Sacred Heart School, please fill out the following information.

NAME: _____ **SEX (M) (F) BIRTHDATE:** _____
Last First Middle Month/Day/Year

NAME: _____ **SEX (M) (F) BIRTHDATE:** _____
Last First Middle Month/Day/Year

NAME: _____ **SEX (M) (F) BIRTHDATE:** _____
Last First Middle Month/Day/Year

If others: please add in this space.