Sacred Heart Catholic School

Yearly REGISTRATION FORM (update)

School Year: 2019-2020

STUDENT INFORMATION

Male	Female	Student's [Last Name]	Student's [First Name]	Middle [Initial]	Grade:	Date of Birth: [month/day/year]

Address [Primary]

	City:	State:	Zip Code:

Address [Secondary] ☐ **[same as above]** ☐ **Parent [Dad]** _____ ☐ **Parent [Mom]** _____

	City:	State:	Zip Code:

HEALTH INFORMATION

Student Name:

☐ No Health Problems	☐ Asthma/ Respiratory	☐ Frequent Headaches/Migraines	☐ Eating Problems
☐ Allergies [Food, latex etc.]	☐ Seizures	☐ Anxiety/ Depression	☐ Other

Please explain any items checked above:

List any medication your child may need at school:

List any other health conditions or concerns you would like the nurse/teacher to know about:

Student Name:

☐ No Health Problems	☐ Asthma/ Respiratory	☐ Frequent Headaches/Migraines	☐ Eating Problems
☐ Allergies [Food, Latex etc.]	☐ Seizures	☐ Anxiety/ Depression	☐ Other

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Please explain any items checked above:

List any medications your child may need at school:

List any other health conditions or concerns you would like the nurse/teacher to know about:

PARENT INFORMATION

Mother's [Name]	Email Address:	Phone [Primary]	Occupation:
Father's [Name]	**Email Address:**	**Phone [Primary]**	**Occupation:**

The above information is true to the best of my knowledge. I give permission to the school nurse to share education relevant health and emergency information [included medical diagnosis] with school staff on a need – to – know basis.

Patient/Guardian signature: **Date:**