

STUDENT INFORMATION

***COPY OF CHILD'S BAPTISMAL CERTIFICATE IS REQUIRED FOR ALL STUDENTS**

Name _____
Last First Middle

Grade in Public School _____ (2018-19) School Attending _____ Birthdate _____

Baptismal Date _____ Parish _____

Parish Address _____
Street City State Zip

First Reconciliation Date _____ Parish _____

First Eucharist Date _____ Parish _____

Special Needs _____

Please attach IEP if applicable

Helpful comments about your children _____

If this is your child(ren)'s first year at Sacred Heart, where have they attended Catholic Religious Education prior? _____

Name _____
Last First Middle

Grade in Public School _____ (2018-2019) Public School attending _____ Birthdate _____

Baptismal date _____ Parish _____

Parish Address _____
Street City State Zip Code

First Reconciliation date _____ Parish _____

First Eucharist date _____ Parish _____

Name _____
Last First Middle

Grade in Public School _____ (2018-2019) Public School attending _____ Birthdate _____

Baptismal date _____ Parish _____

Parish Address _____
Street City State Zip Code

First Reconciliation date _____ Parish _____

First Eucharist date _____ Parish _____

Name _____
Last First Middle

Grade in Public School _____ (2018-2019) Public School attending _____ Birthdate _____

Baptismal date _____ Parish _____

Parish Address _____
Street City State Zip Code

First Reconciliation date _____ Parish _____

First Eucharist date _____ Parish _____

AUTHORIZED SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY	_____ date rec'd _____	_____ amount paid _____	_____ check # _____
Needs Sacrament(s)	Baptism _____	Reconciliation _____	Eucharist _____ Confirmation _____

**SACRED HEART PARISH SCHOOL OF RELIGION (PSR) REGISTRATION
2018-2019**

PARENT/GUARDIAN INFORMATION

Father's name _____
Last First Middle initial

Address _____
Street City State

Religion _____ Spouse (if re-married) _____
 Occupation _____ work # _____ cell # _____

Mother's name _____ **Maiden name** _____
Last First Middle initial

Religion _____ Spouse (if re-married) _____
 Occupation _____ work # _____ cell # _____
 Email _____

Parents are: Married _____ Widowed _____ Separated _____ Re-married _____ Divorced _____

Student(s) live with both parents _____ Father _____ Mother _____ Other _____

To whom should we send correspondence? _____

Family Registered at Sacred Heart Yes No If Yes, envelope # _____
 If No, which parish _____

IN THE CASE OF SEPARATION OR DIVORCE:

Who is custodial parent/guardian? _____

May child(ren) be released to non-custodial parent? _____

To whom should we send correspondence? _____

NOTE: THE ARCHDIOCESE REQUIRES THAT WE HAVE A COPY OF THAT PORTION OF THE DIVORCE DECREE WHICH VERIFIES CUSTODY ARRANGEMENTS. YOU ARE REQUIRED TO PROVIDE A COPY OF THIS WITH YOUR REGISTRATION FORM. IN CASE OF GUARDIANSHIP, please provide proof of Guardianship

EMERGENCY INFORMATION

If you cannot reach us in the event of an emergency, please contact one of the persons listed below and follow their instructions.

If these individuals are not available, I authorize Sacred Heart staff to make any necessary arrangement.

Name _____ relationship _____
 Home phone _____ cell phone _____
 Name _____ relationship _____
 Home phone _____ cell phone _____

PSR FEES

\$75.00 Fee for one child or \$150.00 Fee for two children \$200.00 Fee for three or more children
 Donation of \$5 – \$10 for Auction