

**SACRED HEART SCHOOL**  
**REGISTRATION 2009 - 2010**

**Pupil's Name** \_\_\_\_\_ Date \_\_\_\_\_

Grade Entering \_\_\_\_\_ Date Entering \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Birth Certificate (K only) \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_

S.S.# \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address (if different) P. O. Box \_\_\_\_\_

Most reliable e-mail address \_\_\_\_\_

Other email address \_\_\_\_\_

Ethnicity (Check One): African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific \_\_\_\_\_  
(for statistical use only) American Indian \_\_\_\_\_ Caucasian \_\_\_\_\_ Multi \_\_\_\_\_

Transportation: Walking \_\_\_\_\_ Car \_\_\_\_\_ Bus \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Where employed \_\_\_\_\_

Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

S.S.# \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Where employed \_\_\_\_\_

Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

S.S.# \_\_\_\_\_ Maiden Name \_\_\_\_\_

**Pupil Living With:** Please check appropriate circle(s):

\_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Stepfather \_\_\_\_ Stepmother Other \_\_\_\_\_

Please provide Step Parent's or other name \_\_\_\_\_

**Granparent's Information:**

Maternal Grandmother \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Maternal Grandfather \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Paternal Grandmother \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Paternal Grandfather \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Younger Siblings**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Emergency Numbers if parents can't be reached:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Schools Previously Attended**

Grade Level	School Name	City	State	Date Entered	Date Withdrawn
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grades Repeated (please indicate) \_\_\_\_\_

Previous Special Services Received:  Speech  LD  Social Work  Intensive Reading

Does your child have any problems with vision, hearing or speech that could affect learning?

No

Yes, please specify \_\_\_\_\_

**Parish Information**

Check the appropriate box and provide the desired information

Catholic:

Registered/contributing member of the Sacred Heart Parish? Envelope Number \_\_\_\_\_

Registered at another parish, please specify name and address.

\_\_\_\_\_

Parish Name	Parish Address
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Not registered at any parish

**Sacraments**

Baptism	_____	_____	_____
	Date	Church	City/State
First Penance	_____	_____	_____
	Date	Church	City/State
First Communion	_____	_____	_____
	Date	Church	City/State

Certificates of Baptism and/or First Communion must be sent to Sacred Heart School before your child enters in September unless the Sacrament was received at Sacred Heart Church. (Catholic students only)

**Immunization Records**

**Immunization records must be sent to Sacred Heart School before your child may enter school in September.** A copy of the State of Connecticut Health Assessment Record and a letter detailing immunization requirements is included in this registration packet. **If your child is transferring from another school, please obtain a Release of Records form from the school office.**

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Signature of Parent/Guardian	Date
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Signature of Parent/Guardian	Date
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