

GRADES 1 – 8 Registration Form

Sacred Heart Catholic School

22513 Garrison, Dearborn MI 48124

Registration Date: _____

(313) 561-9192

Student's Name _____ M or F
(Last) (First) (Middle)

Address _____ Home Phone: _____

City _____ State _____ Zip _____

Place/City of Birth _____ Certified Birth Date _____
A copy of the birth certificate must be given to the school office

Country of Birth _____ Religion _____

Baptism Date _____ Church Name/City _____
A copy of baptism certificate must be given to the school office (name) (city) (state)

First Eucharist Date _____ Church Name/City _____

Reconciliation Date _____ Church Name/City _____

Who has legal custody of student: _____ Both Parents _____ Mother _____ Father _____ Other _____
(please specify)

If divorced, please provide a copy of the most current custody agreement, if different than equal custody.

Ethnicity: _____ Primary language by spoken by child: _____

Does your child need any special accommodations to meet their needs? YES NO (please circle one)

If so what are the accommodations? _____

Primary language spoken in the home: _____ Email Address: _____
(one that is regularly checked; school communication is by email)Father's Name _____
(Last) (First) (Initial)

Marital Status _____ Country of Birth _____ Religion _____

Occupation _____ Work Phone _____ Cell Phone _____

Mother's Name _____
(Last) (First) (Initial) (Maiden Name)

Marital Status _____ Country of Birth _____ Religion _____

Occupation _____ Work Phone _____ Cell Phone _____

Parish at which parents are registered: _____ Grade entering Sacred Heart: _____

School student last attended _____

Address _____
(Street) (City) (State) (Zip)

For foreign language choice, I chose: CHINESE or SPANISH (please circle one)

Will student be riding the school bus (must live in Dearborn @ 1 1/2 miles from school)? YES NO

Please see other side for additional information needed. Thank You.

Please list all siblings (ages 21 and under) not enrolled at Sacred Heart Catholic School

1. _____ Birthdate: _____
2. _____ Birthdate: _____
3. _____ Birthdate: _____
4. _____ Birthdate: _____

(for office use only)

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|--|--|---|
| <input type="checkbox"/> Perm Rec | <input type="checkbox"/> File | <input type="checkbox"/> Photo File |
| <input type="checkbox"/> Fam Enroll | <input type="checkbox"/> SHS Fam | <input type="checkbox"/> on Class List (Roster) |
| <input type="checkbox"/> Power School | | <input type="checkbox"/> Attendance Log |
| <input type="checkbox"/> Fam Dir | <input type="checkbox"/> Admission Testing | <input type="checkbox"/> Email List |
| <input type="checkbox"/> Locker | <input type="checkbox"/> PPP List | <input type="checkbox"/> Notepad |
| <input type="checkbox"/> Report Card Cover | <input type="checkbox"/> MSDS | <input type="checkbox"/> Inventory List |
| <input type="checkbox"/> Enrollment Tally | <input type="checkbox"/> MICR | <input type="checkbox"/> Language List |
| <input type="checkbox"/> Birthday List (2) | <input type="checkbox"/> Bus | <input type="checkbox"/> Kaiser School Photo List |
| <input type="checkbox"/> Constant Contact List | <input type="checkbox"/> Hot Lunch Tally | <input type="checkbox"/> Summer Packet |
| <input type="checkbox"/> Powerschool Letter | <input type="checkbox"/> Student Image | <input type="checkbox"/> Concussion Form given |
| <input type="checkbox"/> Powerschool foreign lang.
enrolled | <input type="checkbox"/> Sign-up Genius list | <input type="checkbox"/> Welcome Packet |
| <input type="checkbox"/> ID# _____ | <input type="checkbox"/> YOG _____ | <input type="checkbox"/> ICHAT/PGC |
| <input type="checkbox"/> Berkley Schools | <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> Concussion Form received |