

KINDERGARTEN Registration Form

Registration Date: _____

Sacred Heart Catholic School

22513 Garrison, Dearborn MI 48124

(313) 561-9192

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

Address _____ 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 _____

If Catholic, a copy of baptism certificate must be given to the school office.
(name) (city) (state)

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 _____

Indicate Parish at which parents are registered: _____

School student last attended _____

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

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

Kindergarten parents please see other side for Kindergarten Screening time preferences and 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: _____

Dear Parents of a Kindergartner:

Kindergarten screening for the class of 2017 - 2018 will be on Thursday, May 18th and Friday, May 19th. Testing is during the school day and takes about 20 minutes. You will be in the room with your child during the testing. *In order to give me an idea of a time you prefer, please number your preferences from in the time frames listed below.* I will try to accommodate your preference as much as possible.

Children enrolling in kindergarten are required to submit a birth certificate. On **SCREENING DAY**, please bring your child's original birth certificate and baptismal certificate (if Catholic) to the school office and a copy will be made for your child's file.

I thank you in advance for your cooperation in this matter.

Sincerely,
Anne M. Pennisi
School Secretary

Please pick in order 1 to 4 your choice.

- _____ **Thursday, May 18 A.M.** (between 8:30 – 11:30)
- _____ **Thursday, May 18 P.M.** (between 1:00 – 3:30)
- _____ **Friday, May 19 A.M.** (between 8:30 – 11:30)
- _____ **Thursday, May 19 P.M.** (between 1:00 – 3:30)

(for office use only)

- | | | |
|-----------------------------|-------------------------------|--------------------------------|
| _____ Perm Rec | _____ File | _____ Photo File |
| _____ Fam Enroll | _____ SHS Fam | _____ on Class List (Roster) |
| _____ Power School | _____ DPS Kindergarten Round- | _____ Attendance Log |
| | up | |
| _____ Fam Dir | _____ ReadinessTesting | _____ Email List |
| _____ Locker | _____ PPP List | _____ Notepad |
| _____ Report Card Cover | _____ MSDS | _____ Inventory List |
| _____ Enrollment Tally | _____ MICR | _____ Concussion Form given |
| _____ Birthday List (2) | _____ Bus | _____ Kaiser School Photo List |
| _____ Constant Contact List | _____ Hot Lunch Tally | _____ Summer Packet |
| _____ Powerschool Letter | _____ Student Image | _____ Concussion Form received |
| | _____ Sign-up Genius list | _____ Welcome Packet |
| ID# _____ | 2030 YOG | _____ ICHAT/PGC |
| _____ Berkley Schools | _____ Baptismal Certificate | |