

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 _____

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

How did you hear about Sacred Heart? _____

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)

- | | | |
|--|--|---|
| <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. | <input type="checkbox"/> Sign-up Genius list | <input type="checkbox"/> Welcome Packet |
| enrolled | | |
| ID# _____ | YOG _____ | <input type="checkbox"/> ICHAT/PGC |
| <input type="checkbox"/> Berkley Schools | <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> Concussion Form received |