

# Sacred Heart School

115 Washington Street, Bath, PA 18014  
(610) 837-6391 – Fax (610)837-2469

## GRADES 1 to 8 REGISTRATION FORM 2011-2012

Our non-refundable registration fee for the 2011-2012 school year is \$50.00 per child with a maximum of \$100.00 per family

**\*\*Please note: All required forms must be completed and all required fees must be paid to date in order to begin the school year\*\***

**We require a copy of your child's birth certificate, an authentic copy of your child's baptismal certificate if baptized Catholic, or a photocopy of your child's baptismal certificate from Sacred Heart or your place of worship.**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_ Public School District: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_

Sex:  M  F Date of Birth: MM/DD/YY \_\_\_\_\_ Child's Religion: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Check if deceased:  Address (if different from student): \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Maiden Name \_\_\_\_\_

Check if deceased:  Address (if different from student): \_\_\_\_\_

Step-Parent or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are the child's parents separated or divorced?  **YES**  **NO**

If the parents are divorced, who has court ordered custody of the child?

Please check appropriate box  **Joint**  **Sole**

Are there any restrictions on your custody order?  **YES**  **NO**

If Yes, please attach a copy of the court order to this registration paperwork.

Office Use Only:  \$50.00 Registration Fee/Child. Max. \$100.00/Family Check# \_\_\_\_\_ Cash \_\_\_\_\_

Birth Certificate  Authentic Baptismal Certificate  Text Book  Transportation  Extended Care Form

Physical/Immunization Form  Dental Form Tuition Choice In Full \_\_\_\_\_ FACTS \_\_\_\_\_  FACTS FORM

(PLEASE CONTINUE ON THE BACK)

Office Use Only

Are you registered parishioners in Sacred Heart Parish?  YES  NO

If no, what parish do you belong to: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Baptism:  
Church: \_\_\_\_\_ Address: \_\_\_\_\_

Date (MM/DD/YY): \_\_\_\_\_

If your child was not baptized Catholic, has he/she made a **Profession of Faith**?  YES  NO

If you answered **no**, are you planning for your child to be received into the Catholic Faith (necessary for First Holy Communion and Confirmation?)

YES  NO

Last School Child Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Reason you decided to leave that school: \_\_\_\_\_

Reason for entering Sacred Heart School: \_\_\_\_\_

Child's First Communion: Church: \_\_\_\_\_

Address: \_\_\_\_\_

Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Child's Confirmation: Church: \_\_\_\_\_

Address: \_\_\_\_\_

Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Explain any academic concerns you may have about your child. \_\_\_\_\_

Does your child have an IEP on file? (possible/diagnosed learning disability, academic/social modifications, etc.) \_\_\_\_\_

Please supply any additional information we should know about your child: \_\_\_\_\_

***My signature below indicates that I have filled out the above information honestly and to the best of my ability.***

***\*\*\*All registrations are probationary – becoming final at the end of 3 months (if records prove to be accurate)\*\*\****

Signature

Date