

Sacred Heart School  
115 Washington St., Bath, PA 18014  
(610) 837-6391 -- Fax (610) 837-2469

**Sacred Heart School Registration 2011 – 2012**

**REGISTRATION FEE OF \$50.00 PER CHILD-\$100.00 MAXIMUM PER FAMILY  
MUST BE INCLUDED WITH THESE FORMS.**

Child's Name \_\_\_\_\_ Grade in 2011-2012 \_\_\_\_\_

Family Name \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Public School District \_\_\_\_\_

**CHECK ONE:** My child  WILL  WILL NOT attend Sacred Heart School next fall.

**IF NOT** - Please check reason: 1. \_\_\_\_ Change of Residence 2. \_\_\_\_ Academic Reasons  
\_\_\_\_ transfer to another Catholic school  
\_\_\_\_ transfer to public school  
\_\_\_\_ transfer to private school

3. Other Reason - Please state: \_\_\_\_\_

**Please note: Registration will not be processed unless your tuition account is current.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use:	<input type="checkbox"/> Reg. Fee – Check # _____	Date _____	<input type="checkbox"/> Text Book	<input type="checkbox"/> Transportation	<input type="checkbox"/> HLS
	<input type="checkbox"/> Ext. Care	<input type="checkbox"/> Tuition Preference Form	FACTS Payment Form Requested _____		