



**CHILD**

FULL NAME (LAST, FIRST, M.I.) \_\_\_\_\_ MALE  FEMALE

ADDRESS \_\_\_\_\_

MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

GRADE THIS YEAR \_\_\_\_\_ DATE OF BIRTH (MM/DD/YY) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_

**CHECK ONE**

- My child WILL attend Sacred Heart School next fall.
- My child WILL NOT attend Sacred Heart School next fall.

**IF NOT, PLEASE CHECK THE REASON BELOW.**

- Change of residence
  - Academic reasons
  - Transfer to another Catholic school
  - Transfer to another public school
  - Transfer to another private school
  - Other reason (please explain below): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

PLEASE NOTE: REGISTRATION WILL NOT BE PROCESSED UNLESS YOUR TUITION ACCOUNT IS CURRENT.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

\$50.00 REGISTRATION FEE:  CASH  CHECK # \_\_\_\_\_ DATE \_\_\_\_\_

COPY OF EXTENDED CARE FORM       COPY OF TEXT BOOK       COPY OF HLS

COPY OF TUITION PREFERENCE FORM       COPY OF TRANSPORTATION       COPY OF FACTS PAYMENT FORM

