

ST. JOHN-SACRED HEART SCHOOL - STUDENT REGISTRATION FORM

Parent/Guardian Name:

Father(Last) _____ (First) _____ Mother(Last) _____ (First) _____
 Religion _____ Religion _____

Address: _____ Address: _____
Only If Different

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Cell(optional): _____ Phone: _____ Cell(optional): _____

E-Mail: (all school correspondence will be sent via e-mail) _____

Children live with: ___ Mother ___ Father ___ Both ___ Other (explain): _____
 If separated or divorced, should school information be sent to non-custodial parent? _____
 Does the other parent, if separated or divorced, have visitation rights? _____

Parish/City: _____ **Public School District Residing In:** _____

CHILDREN BEING ENROLLED:

Early Childhood: Select one session: (___ K3 - 2 day) (___ K4 - 3 day) (___ K4 - 5 day)

Kindergarten: Select one session: (___ ½ day a.m. session) (___ full day session)

Name (Last)	Name (First & MI)	Sex	Birthdate	Birthplace	Grade (In fall)	Race
_____	_____	___	_____	_____	_____	_____
_____	_____	___	_____	_____	_____	_____
_____	_____	___	_____	_____	_____	_____
_____	_____	___	_____	_____	_____	_____
_____	_____	___	_____	_____	_____	_____

Do You Require Busing: Grades K-8 (Hilbert & Kaukauna District) Y N 4K (Kaukauna District Only) Y N

EMERGENCY INFORMATION - Please inform the school if any changes occur during the school year.

In the event of emergency do we have permission to contact your family doctor? _____

Physician Name: _____ Phone: _____

In the event school personnel cannot reach a parent please list several emergency contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Mother's Employer: _____ Phone: _____

Father's Employer: _____ Phone: _____

Health: Please list any significant health problems, (allergies, medicated conditions), we should be aware of.

If more room is needed, please write on the backside.

Child: _____ Concern: _____

Child: _____ Concern: _____

Parent Signature: _____ Date: _____