SUBMIT

110 N. Dorcas Street Lewistown, PA 17044

Sacred Heart School
SHS
A Middle States Accredited School

Phone: 717-248-5351 Fax: 717-248-1516

Student Registration Form

2010-2011

Student Information:

Name: _____ Age: _____ Entering Grade: _____
First Middle Last

Address: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____ Social Sec. #: _____

Previous School: _____ Address: _____

Child Resides With: Both Parents ___ Mother ___ Father ___ Stepparent ___ Other Relative ___
If there are special parental rights, please attach proper documentation or court order.

Sacrament	Parish	City & State	Date (dd/mm/yy)
Baptism			
Reconciliation			
First Eucharist			
Confirmation			

Religion: _____ Name of current parish or church: _____ Ethnicity: _____

Family Information:

Father's Name: _____ Alumni of SHS? Yes ___ No ___ (years attended: _____)
Address (only if different): _____ Phone: _____
Occupation: _____ Employer: _____ Phone: _____

Mother's Name: _____ Alumni of SHS? Yes ___ No ___ (years attended: _____)
Address (only if different): _____ Phone: _____
Occupation: _____ Employer: _____ Phone: _____

Siblings (please list all siblings and birthdates): _____
_____

Grandparent's Name: _____ Phone: _____
Address: _____

Grandparent's Name: _____ Phone: _____
Address: _____

Transportation:

My child is a BUS rider : AM ___ PM ___ Both ___ My child is a CAR rider: AM ___ PM ___ Both ___

Address for pick up and drop off: _____

Fee: For Kindergarten and New students, a non-refundable registration fee of $50.00 is due at the time of registration. For students re-registering the fee is $25.00 total. This fee will be credited to the first month's tuition payment.

Please mark one: Parishioner (Sacred Heart or Saint Jude): _____ Non-Parishioner: _____

Office Use: Date Received: _____ Registration Fee: _____ Birth Certificate: _____ Social Security: ____ Dental: _____
Immunizations: _____ Physical: _____ Baptismal Certificate: _____