

Marital Status of Parents: ___ Married ___ Separated ___ Divorced ___ Remarried ___ Not Married

With whom is the student living? (check one)

() both his/her natural parents () his/her natural mother only () his/her natural father only

() his/her natural mother and a stepfather () his/her natural father and a stepmother

() other _____

(Please specify)

Number of Brothers: Older _____ Younger _____ Number of Sisters: Older _____ Younger _____

Names and Grade of Brother(s)/Sister(s) presently attending Sacred Heart:

_____ Grade _____ _____ Grade _____
_____ Grade _____ _____ Grade _____

Please indicate Father/Mother/Brother/Sister who may have graduated from Sacred Heart (incl. year of grad.)

_____ Yr. Grad. _____ Yr. Grad. _____
_____ Yr. Grad. _____ Yr. Grad. _____

NOTIFY IN CASE OF EMERGENCY: (Should immediate family not be available)

Name _____ Relationship to student _____

Address _____ City/State/Zip _____

Telephone (____) _____

Hospital Insurance (Company) _____ Policy Number _____

Physician's Full Name _____ Telephone (____) _____

Address _____ City/State/Zip _____

Major Physical Handicap and Current Medications (if applicable):

As a parent or legal guardian, I the undersigned agree to pay all required tuition and fees, and to comply with all policies found in the Student Handbook and other directives from the Principal or his Administration while my son/daughter is attending Sacred Heart High School. I acknowledge that the information that I have provided is truthful and accurate. My son/daughter and I also agree to follow the provisions of the 1974 Family Education Rights and Privacy Act.

Signature _____ Date _____

Registration Fee: \$ 150.00 (non-refundable is due upon registration)

Please notify us promptly and in writing of any change in information on this form in order to maintain accurate information on the permanent record. (REVISED 2/07)