

# REGISTRATION FORM 2017-2018

## Sacred Heart Catholic School

· 124 East Center Street · Shawano, WI 54166 · 715-526-5328 · [school.sacredheartshawano.org](http://school.sacredheartshawano.org) ·

Student Name \_\_\_\_\_  
Last First Middle

Grade Entering \_\_\_\_\_ Ext. Day? \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_  
Month / Day / Year

Race \_\_\_Caucasian \_\_\_African American \_\_\_Hispanic \_\_\_ American Indian/Alaskan Native \_\_\_Asian

Place of Birth \_\_\_\_\_  
City State

Previous School \_\_\_\_\_  
Name City State

Home Address \_\_\_\_\_  
Street City State/Zip Code

Mailing Address \_\_\_\_\_  
*if different* Street City State/Zip Code

County of Residence \_\_\_\_\_ Home public school district \_\_\_\_\_

**Primary Contact Person for this Student:** \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_ (home – cell - work)

**Email Address** \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_ **Religion** \_\_\_\_\_

Employer \_\_\_\_\_ Working Hours \_\_\_\_\_

Work Phone \_\_\_\_\_  I can be contacted at work

Cell Phone \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_ **Religion** \_\_\_\_\_

Employer \_\_\_\_\_ Working Hours \_\_\_\_\_

Work Phone \_\_\_\_\_  I can be contacted at work

Cell Phone \_\_\_\_\_

Marital Status of Parents  Married  Separated  Divorced  Deceased  Single

**Custodial Parent** \_\_\_\_\_ **Non-Custodial Parent** *(if applicable)* \_\_\_\_\_

Step Father \_\_\_\_\_ Step Mother \_\_\_\_\_

### SIBLINGS

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

## Parish/Sacramental Information

STUDENT NAME \_\_\_\_\_

### BAPTISM

Parish \_\_\_\_\_ City, State \_\_\_\_\_ REQUIRED: Month / Day / Year \_\_\_\_\_

### FIRST RECONCILIATION

Parish \_\_\_\_\_ City, State \_\_\_\_\_ REQUIRED: Month / Day / Year \_\_\_\_\_

### FIRST EUCHARIST

Parish \_\_\_\_\_ City, State \_\_\_\_\_ REQUIRED: Month / Day / Year \_\_\_\_\_

BAPTISMAL CERTIFICATE ON FILE WITH SACRED HEART PARISH \_\_\_\_\_ YES \_\_\_\_\_ NO

**Parish Membership**-which parish are you currently registered with?

- Sacred Heart, Shawano       St. Martin, Cecil       St. Francis, Gresham  
 St. Michael, Keshena       St. Anthony, Neopit       None  
 Other: \_\_\_\_\_

**Do you plan to obtain a Parish Subsidy to help offset the cost of tuition?**

\_\_\_\_\_ No      \_\_\_\_\_ Yes

(A PARISH SUBSIDY COMMITMENT FORM IS REQUIRED TO BE ELIGIBLE FOR THE PARISH SUBSIDY)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reminder:** A \$50 PER NEW student registration FEE is DUE during the registration process. This fee will HOLD your child's seat in their prospective classroom, and this fee will be credited to your family's tuition account.

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**Office Use ONLY:**      \$50 Collected: \_\_\_\_\_      Date Collected: \_\_\_\_\_

Cash/Check: \_\_\_\_\_      Check # is applicable: \_\_\_\_\_      Initials of Office Staff: \_\_\_\_\_