



SACRED HEART SCHOOL
308 Spring Ave, Troy NY 12180
274-3655

Student Registration Form for Year To Year

EARLY

CHILDHOOD ONLY

- 5 FULL DAYS
- 3 FULL DAYS
- 2 FULL DAYS
- 2 MORNINGS

FOR OFFICE USE ONLY

- IMMUNIZATION
- BAPTISMAL
- PARENT SURVEY
- TUTION CONTR

FOR OFFICE USE ONLY:

- BEDS CODE
- BIRTH CERT
- PD IN FULL
- BIRTH

Student Information

Last Name

First Name

M.I

Birth Date

Gender

Ethnicity

Street Address

City

State

Zip Code

School District

Family E-mail Address

Religion

Grade in September

Entry Date

Exit Date

My child should not be released to: (PLEASE BE SPECIFIC)

Does your child have an IEP or 504 Plan?

Yes No

Does your child receive any services (speech, OT, PT, Special ED.)?

Yes No

If so, which services do they receive?

Please list any of the following: Current medications, Medication allergies, Food allergies, Chronic health concerns.

Enrollment History

Previous School

School Name

City

State

Date Started

Date Ended

**Check all that apply,
Student Lives with:**

Father

Parents are divorced}

Seperate

Mother

Parents are separated}

mailings are
requiried

Stepfather

Father is deceased

Stepmother

Mother is deceased

Family Information

Parent/Guardian Residence Information 1 (if different from above)

First

Last Name

Home Address

Home Telephone

Cell #

City

State

Zip Code

Employer

Occupation

Bus. Phone

Employer Address

E-mail

Parent/Guardian Residence Information 2 (if different from above)

First	Last Name	
Home address:	Home Tel	Cell #
City	State	Zip Code
Employer	Occupation	Bus. Phone
Employer Address	E-mail	

Siblings:

Sibling	Birth date	School
Sibling	Birth date	School
Sibling	Birth date	School
Sibling	Birthdate	School

Emergency Contacts if parents are not available:

1. Name	Phone	Relation
2. Name	Phone	Relation
3. Name	Phone	Relation

