

Students entering Grade 1 or students that are new to Sacred Heart Church please fill out this form.

**SACRED HEART FAITH FORMATION
NEW STUDENT REGISTRATION FORM**

STUDENT NAME _____ DATE REGISTERED _____ SEPT. GRADE _____
(First) (Middle) (Last)

ADDRESS _____ TOWN _____ ZIP _____ PHONE (H) _____

BIRTHPLACE _____ DATE OF BIRTH _____

MOTHER'S NAME _____ WK. OR CELL # _____ OCCUPATION _____
(First) (Maiden) (Last) (Religion)

FATHER'S NAME _____ WK. OR CELL # _____ OCCUPATION _____
(First) (Last) (Religion)

ADDRESS (If Different from Above) _____

CHILD LIVES WITH (BOTH PARENTS) _____ (MOTHER) _____ (FATHER) _____ (OTHER – SPECIFY) _____

IN CASE OF EMERGENCY CONTACT: (LOCAL PERSON ONLY) NAME _____ PHONE _____

SPECIAL MEDICAL CONCERNS _____ DOCTOR _____ PHONE _____

ALLERGIES _____

SACRAMENTAL INFORMATION (attach Baptism and First Communion certificate copies if not performed at Sacred Heart Church)

BAPTISM (Parish) _____ CITY/STATE _____ MONTH _____ DAY _____ YEAR _____

FIRST PENANCE(Parish) _____ CITY/STATE _____ MONTH _____ DAY _____ YEAR _____

FIRST COMMUNION (Parish) _____ CITY/STATE _____ MONTH _____ DAY _____ YEAR _____

CONFIRMATION (Parish) _____ CITY/STATE _____ MONTH _____ DAY _____ YEAR _____

SCHOOL ATTENDING: _____