

**STUDENT REGISTRATION**  
**2021-2022 SACRED HEART CHURCH PARISH SCHOOL OF RELIGION**

**Please return this student form along with the family registration form.**

Tuition Schedule for K-8 and Preschool:

One Student – \$25.00

Two Students – \$35.00

Three or more Students – \$45.00

Make checks payable to **"Sacred Heart PSR"**

Please complete 1 registration form for each child in PSR

Please review this information and mark with any changes before submitting this form.

**(Please Print)**

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Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Last

First

MI

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip

Cell #: \_\_\_\_\_

Birth date: \_\_\_\_\_

Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_

(2021-2022 school year)

Date and Location of Baptism (if known): \_\_\_\_\_

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Father's name: \_\_\_\_\_

First

MI

Last (if different)

Natural or Step Father

Religion

Deceased

Marital Status

Mother's name: \_\_\_\_\_

First

MI

Last (if different)

Natural or Step Mother

Religion

Deceased

Marital Status

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**Special Medical/Educational Needs**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

Special Educational Needs: \_\_\_\_\_

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**MEDICAL AUTHORIZATION**

In case of emergency, I understand Sacred Heart's Religious Education will make every effort to contact me. If they cannot reach me, I give my permission to take my child for emergency treatment. I release Sacred Heart Religious Education and Sacred Heart Church, Staff, and Volunteers from all liability of any kind which may arise from such emergency.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please make copies of this registration form as needed