



SACRED HEART CATHOLIC SCHOOL

2019-2020

STUDENT REGISTRATION

Please complete one student registration form for each student you are registering.

Grade Entering: _____

Student's Name _____ Last Name _____ First Name _____ Middle _____ Preferred Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Race/Ethnicity of Student This is used for State/Diocesan statistical purposes <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Two or more races
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Student's Date and Place of Birth ____/____/____ Date of Birth _____ City _____ State _____ Country
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Catholic Sacraments Received <input type="checkbox"/> Baptism <input type="checkbox"/> Confirmation <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist	Student resides with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother and Stepfather <input type="checkbox"/> Father and Stepmother <input type="checkbox"/> _____
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Is there a custody situation of which the school should be aware? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, a Court Ordered Final Judgment must be submitted to the school office.)

Parent /Guardian _____ Name _____ Email _____ Occupation/Employer (____) _____ (____) _____ Cell Phone Work Phone

Parent /Guardian _____ Name _____ Email _____ Occupation/Employer (____) _____ (____) _____ Cell Phone Work Phone

Non-Custodial Parent _____ Name _____ Email _____ Occupation/Employer (____) _____ (____) _____ Cell Phone Work Phone Is this person allowed to pick up child? YES <input type="checkbox"/> NO <input type="checkbox"/>

Non-Custodial Parent _____ Name _____ Email _____ Occupation/Employer (____) _____ (____) _____ Cell Phone Work Phone Is this person allowed to pick up child? YES <input type="checkbox"/> NO <input type="checkbox"/>

Emergency Contact #1

Name

Relationship to Student

(_____) _____ (_____) _____
Cell Phone Work Phone

Is this person allowed to pick up child? YES NO

Emergency Contact #2

Name

Relationship to Student

(_____) _____ (_____) _____
Cell Phone Work Phone

Is this person allowed to pick up child? YES NO

Academic Information – New Student Only

Previous School Name

Street

City State Zip

Parent Gift/Talent Inventory

Do you have any gifts or talents that you would like to share with Sacred Heart Catholic School?

Sacred Heart must have all the educational and developmental background details about each student. Failure to disclose fully any of the information requested may result in a family being asked to withdraw the student from the school.

- YES NO Has student repeated any grade? If yes, which grade(s)? _____
- YES NO Has student been suspended or expelled from any school?
- YES NO Does student have an IEP or 504? If yes, complete copy is required for school records.
- YES NO Does student have a psycho-educational evaluation? If yes, complete copy is required for school records.
- YES NO Does student have any history of counseling, therapy, or other psychiatric services? If yes, complete copy is required for school records.
- YES NO Does student require services (speech, occupational therapy, etc.) from Duval County? If yes, what services? _____
- YES NO Has student been diagnosed with ADD/ADHD? Daily medication(s)? _____
- YES NO Does student have any type of learning, attention, neurological disorder, or any other health impairment? If yes, explain _____
- YES NO Allergies: To what? _____
- YES NO Asthma: Daily Medication? _____
Known triggers (e.g., exercise, weather) _____

Medicines to be administered at school, including EpiPen and Inhaler, require separate diocesan authorization form(s). Please request forms and provide medications in original containers/dispensers before start of school.

- YES NO May we apply a band-aid or ice pack to a minor injury?

Family Doctor or Pediatric Practice

Doctor's Phone Number

Health Insurance

Health Policy Number