



SACRED HEART
CATHOLIC SCHOOL

Sacred Heart Catholic School

4050 Hubbard Ave N., Robbinsdale, MN 55422 - Ph 763-537-1329 - Fax 763-537-1486

www.sacredheartschoolrobbinsdale.org



2017-2018 New Family Registration Form

REGISTRATION FEE

Each Preschool – 8th grade student will be assessed a non-refundable registration fee of \$150. (\$50 is applied to registration and \$100 is applied to tuition)

The fees are

New Families: K – 8: \$150.00/child

RELIGIOUS AFFILIATION

Yes, our family is registered as members of Sacred Heart Catholic Church.

No, our family is not registered at Sacred Heart Catholic Church. We are registered at:

SACRAMENT HISTORY

Baptism: ____/____/____

Parish/Church: _____

First Eucharist: ____/____/____

Reconciliation: ____/____/____

EDUCATION INFORMATION

School Last Attended? _____

Grade last attended? _____

What public school would your child attend if they did not attend Sacred Heart Catholic School?

Racial and Ethnic Data: MN Dept. of Education

Please select one from each column

<input type="radio"/> Amer. Indian or Alaskan Native	<input type="radio"/> Hispanic or Latino
<input type="radio"/> Asian	<input type="radio"/> Not Hispanic or Latino
<input type="radio"/> Black or African American	
<input type="radio"/> Native Hawaiian or Other Pacific Islander	
<input type="radio"/> White	

REGISTRATION DOCUMENTS

Registration Fee: \$150.00

Tuition Contract

Records Release Request

Copy of Birth Certificate

REGISTRATION DEADLINE

Registration is on a first come first served basis. Students will be placed in classrooms until classroom maximum is reached.

Student's Full Name: _____

Name to be used at school: _____

Gender: M F Date of Birth: ____/____/____ Age (at date of registration) ____

Registering for Grade: _____

Child resides with: _____

Birthplace (city,state) _____

Student's Religion: _____

Father's Name: _____ SHCS Alumni: Yes No

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Mother's Name: _____ SHCS Alumni: Yes No

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Parent, Grandparent, Guardian Name: _____ SHCS Alumni: Yes No

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

HOUSEHOLD INFORMATION

Student(s) resides at 1 household 100% of the time

My Student has special custody arrangements. Please provide the office with a copy of the custody agreement.

Parent/Guardian Signature: _____ Date: _____