



SACRED HEART CATHOLIC SCHOOL

# Sacred Heart Catholic School

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

[www.sacredheartschoolrobbinsdale.org](http://www.sacredheartschoolrobbinsdale.org)



## 2018-2019 New Family Registration Form

### REGISTRATION FEE

Each Kindergarten – 8<sup>th</sup> 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 per family

### 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

Church of Baptism:

\_\_\_\_\_

Church of First Eucharist:

\_\_\_\_\_

### 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="checkbox"/> Amer. Indian or Alaskan Native	Hispanic or Latino _____
<input type="checkbox"/> Asian	Not Hispanic or Latino _____
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> 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: \_\_\_\_\_