

Sacred Heart Catholic School
 220 Berger St.
 Lawrenceburg, TN 38464
 931-762-6125
 www.shlawrenceburg.org



Date of birth _____ / _____ / _____
 Place of birth (State) _____
 Entering Grade _____ SS# _____ / _____ / _____
 Ethnic Origin (for statistical purposes) _____
 Date of Registration _____

ENROLLMENT FORM

Student's Last Name _____ First _____ Middle _____ Goes by _____ Sex _____

Home Address _____ City, State: _____ Zip Code: _____

County: _____ Home Phone: _____

Father's Name _____ Religion _____ Birthplace (State) _____

E-Mail address _____ Work E-Mail _____ Cell Phone: _____

Mother's Name _____ Maiden Name _____ Religion _____

Birthplace (State) _____ E-Mail address _____ Work E-Mail _____

Cell Phone: _____

Check all that apply:

____ Father Deceased ____ Mother deceased ____ Parents divorced ____ Parents Together

____ Parents separated ____ Father remarried ____ Mother remarried

Child lives with: ____ Both Parents ____ Mother Only ____ Father Only ____ Joint Custody

Other, Relationship _____

For Office Use Only	
____	Birth Certificate
____	Social Security Card
____	Immunization record
____	Baptismal Certificate
____	Registration Fee
____	Request for Records

Baptism Date, if Catholic: _____ Church _____ City, State _____

First Reconciliation Date: _____ Church _____ City, State _____

First Communion Date: _____ Church _____ City, State _____

Previous School Attended:

Name of School: _____ Address: _____

Has your child ever been asked to leave a school? No ____ Yes ____

Parish Membership: Sacred Heart Catholic Church? No ____ Yes ____ Year Registered _____

Parish Membership other than Sacred Heart Catholic Church: _____

Father's Occupation _____ Place of Employment/Address _____ Business Phone _____

Title or Position _____ Business E-Mail _____

Mother's Occupation _____ Place of Employment/Address _____ Business Phone _____

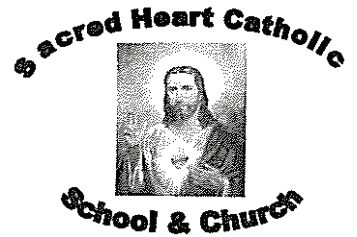
Title or Position _____ Business E-Mail _____

Name of Person Responsible for Tuition Payments _____

Address _____

Number of Siblings: Older: Boys ____ Girls ____ Younger: Boys ____ Girls ____

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EMERGENCY INFORMATION

For _____ Date of Birth _____
(Child's Name)

WHERE CAN PARENTS BE REACHED IF NOT AT HOME?

Mother: (Name) _____ Home Phone: _____ Work Phone: _____

Address: _____ Cell phone # _____ E-Mail: _____

Father: (Name) _____ Home Phone: _____ Work Phone: _____

Address: _____ Cell phone # _____ E-Mail: _____

LIST OF NEIGHBORS OR NEARBY RELATIVE WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

1. Name _____ Tel. # _____ Cell # _____

2. Name _____ Tel. # _____ Cell # _____

Students may be picked up from school only by the following people unless you call:

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent/guardian _____

Remarks/Allergies (specify)/other conditions:

Physician's Name and Number _____

Please fill out a medical form for any medications your child must take on a consistent or daily basis. Please take note of the following: Medications must be in original container with physicians written orders on how and when it is to be administered to your child.

No medications can be administered without these forms.