

# SACRED HEART SCHOOL

**STUDENT ENROLLMENT 2017-18**



**GRADE:**

**START DATE:**

Last Name:		First:		Middle:	Social Security #: - -	
Address:		City:	State:	Zip:	Date of Birth: / /	
Student Cell #:			Email:		Gender: M F	
<b>Tribal Affiliation:</b>	<b>Tribal Census #:</b>	<b>Nationality:</b> __Alaska Native __Asian __Black __Hispanic __Native Amer. __White				
<b>FORMER SCHOOL ATTENDED</b>			<b>PUBLIC SCHOOL DESIGNATION</b>			
District			District			
School			School			
City	City	City		State		
Birthplace:	City	State	Country			

## RELIGION

Denomination:	Current Church:	City, State:
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	Church	Date	City	State
Baptism				
Confession				
Communion				
Confirmation				

## MEDICAL INFORMATION

NAME	PHONE #	ADDRESS	CITY	STATE
Doctor				
Hospital				
Dentist				
Insurance				
	Policy #	Group #	Policyholder	

*The following information will help us provide the best care for your child, and will help in the event of an emergency.  
Please provide accurate and thorough information.*

Allergies \_\_\_\_\_

Treatments \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Prescriptions \_\_\_\_\_

Medication Schedule \_\_\_\_\_

<b>SCHOOL PERMISSION TO TREAT IF NECESSARY</b>	<b>YES</b>	<b>NO</b>
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**PARENT/GUARDIAN INFORMATION:**

<b>Guardian 1 Relationship:</b>			
Name:			
Address:			
City, State, Zip:			
Date of Birth:		Soc Sec #:	
Home #		Cell #:	
Work #:		Employer:	
Email:			
Married: YES NO		Spouse:	
FINANCIAL RESPONSIBILITY	EMERGENCY DECISIONS	PICKUP PERMISSION	RECEIVE GRADES
YES NO	YES NO	YES NO	YES NO

<b>Guardian 2 Relationship:</b>			
Name:			
Address:			
City, State, Zip:			
Date of Birth:		Soc Sec #:	
Home #:		Cell #:	
Work #:		Employer:	
Email:			
Married: YES NO		Spouse:	
FINANCIAL RESPONSIBILITY	EMERGENCY DECISIONS	PICKUP PERMISSION	RECEIVE GRADES
YES NO	YES NO	YES NO	YES NO

**EMERGENCY CONTACTS**

*(Please note: Only those you have indicated on this page will be allowed to pick up your child.)*

Relationship	Name	Number(s)	Emergency Decisions	Pick up permission
			YES NO	YES NO
			YES NO	YES NO
			YES NO	YES NO
			YES NO	YES NO

Please note: All students enrolled in Sacred Heart School are automatically enrolled in the After-School Program. Children in the After-School Program must be picked up before 6:00 PM. Please refer to the Family Handbook for more details.

By signing this form, you are requesting that your child be enrolled in Sacred Heart School and agree to abide by the policies of the school as set forth by the administration and stated in the Family Handbook.

**\*\*\* Note: Application *must* be signed by parent/guardian with financial responsibility\*\*\***

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Parent/Guardian Signature:</b>	<b>Date:</b>

**\*\*\* Application must be accompanied by \$150.00 Enrollment Fee (\$100.00 before May 25,2017) \*\*\***