

SCHOOL REGISTRATION FORM

**Sacred Heart School**

234 N. Sycamore St.

Monticello, IA 52310

(319) 465-4605

\_\_\_\_\_  
FAMILY NAME                      FATHER'S NAME                      MOTHER'S NAME

\_\_\_\_\_  
STREET OR RR#                      CITY                      ZIP CODE

\_\_\_\_\_  
HOME PHONE NUMBER                      FATHER'S WORK PHONE                      MOTHER'S WORK PHONE

CELL PHONE # \_\_\_\_\_(F)                      \_\_\_\_\_(M)

\_\_\_\_\_  
FATHER'S PLACE OF WORK                      MOTHER'S PLACE OF WORK

e-mail \_\_\_\_\_(F)                      \_\_\_\_\_(M)

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE REACHED:

NAME \_\_\_\_\_ PH. # \_\_\_\_\_

NAME \_\_\_\_\_ PH. # \_\_\_\_\_

DAYCARE \_\_\_\_\_ PH. # \_\_\_\_\_

CHILD    GRADE    BIRTHDATE

(Please include Middle Name)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Catholic: Yes\_\_\_\_\_ No\_\_\_\_\_

Please name parish, or church, if other than Sacred Heart \_\_\_\_\_

If Catholic, please provide a Baptismal record for each child entering Sacred Heart School.

Child's Full Name

Parish Where Baptized:

_____	_____
_____	_____
_____	_____
_____	_____

Mother's Maiden Name : \_\_\_\_\_

Please name school district IF OTHER THAN Monticello \_\_\_\_\_

Does your child(ren) have any medical concerns that the teachers should be aware of?  
i.e.. loss of hearing, heart-murmur, etc. If so, please describe the condition.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sacred Heart School has my permission to administer over the counter Tylenol or ibuprophen for my child/children.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

If you and your spouse are separated/divorced, should the school contact the non - custodial parent with newsletters and set up Parent/Teacher conferences.

\_\_\_\_\_

NAME	ADDRESS	PHON
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