

Sacred Heart School

Maquoketa, Iowa

Registration Form

Information on Students at Sacred Heart

Full Legal Name: Birthdates: Grade: Gender:
Date of Baptism: Church: City and State:
Date of First Communion: Church: City and State:
Is this Student Hispanic/ Latino (Choose only one) No, Not Hispanic / Latino Yes, Hispanic/Latino
What is the Student's Race? (Choose all that applies)
 American Indian or Alaska Native Black or African American Asian
 Native Hawaiian or Other Pacific Islander White
Birth County of Student If Not Born in USA, Date of Entry:
Primary Language spoken in the home: Language spoken by student if not English

Full Legal Name: Birthdates: Grade: Gender:
Date of Baptism: Church: City and State:
Date of First Communion: Church: City and State:
Is this Student Hispanic/ Latino (Choose only one) No, Not Hispanic / Latino Yes, Hispanic/Latino
What is the Student's Race? (Choose all that applies)
 American Indian or Alaska Native Black or African American Asian
 Native Hawaiian or Other Pacific Islander White
Birth County of Student If Not Born in USA, Date of Entry:
Primary Language spoken in the home: Language spoken by student if not English

Full Legal Name: Birthdates: Grade: Gender:
Date of Baptism: Church: City and State:
Date of First Communion: Church: City and State:
Is this Student Hispanic/ Latino (Choose only one) No, Not Hispanic / Latino Yes, Hispanic/Latino
What is the Student's Race? (Choose all that applies)
 American Indian or Alaska Native Black or African American Asian
 Native Hawaiian or Other Pacific Islander White
Birth County of Student If Not Born in USA, Date of Entry:
Primary Language spoken in the home: Language spoken by student if not English

Other Children in the family under the age of 20:

Full Legal Name: Age: Gender:
Full Legal Name: Age: Gender:
Full Legal Name: Age: Gender:

Parent / Guardian Information

Father's Full Name: Mother's Name and Maiden Name:
Father's Religion: Mother's Religion:
Place of Employment: Place of Employment:
City of Employment: City of Employment:
Work Phone: Work Phone:
Home Phone: Home Phone:
Cellular Phone: Cellular Phone:

Father Marital Status: Single Married Divorced Separated Deceased
Mother Marital Status: Single Married Divorced Separated Deceased

Are there any custody or restraining orders that our teachers should be aware of? Yes (If Yes explain Below) No

New Students Only:

School Attended Last Year:

Address: City: State:
Date of Entrance to Sacred Heart School: Grade:

Office Use Only:

Date Registration Form Received: Registration Fee Paid:

Emergency Contacts

(Please list only those contacts who would be able to pick up your child in case of sickness or other emergency. Do not include parent information listed on the front, as an attempt will always be made to contact a parent first)

Name: Relationship: Work Phone: Cell Phone

Name: Relationship: Work Phone: Cell Phone

Name: Relationship: Work Phone: Cell Phone

Health Information

Physician: Address: Phone Number

City, State, Zip Code:

Medical Insurance Company

Insurance ID Number

Dentist: Address: Phone Number

City, State, Zip Code:

Medical Insurance Company

Insurance ID Number

Specialist: Address: Phone Number

City, State, Zip Code:

Medical Insurance Company

Insurance ID Number

Student Name:

Please list any known allergies or health concerns for the teachers (I.E. Medications, allergies, vision or hearing concerns, other information which you feel would be helpful).

Student Name:

Please list any known allergies or health concerns for the teachers (I.E. Medications, allergies, vision or hearing concerns, other information which you feel would be helpful).

Student Name:

Please list any known allergies or health concerns for the teachers (I.E. Medications, allergies, vision or hearing concerns, other information which you feel would be helpful).

I hereby give my consent to any emergency medical, surgical, or dental treatment for my child deemed necessary by a doctor or physician. It is understood that the school will make a conscientious effort to locate parents prior to such treatment when possible.

Parent / Guardian Signature: _____ Date: _____

Sacred Heart School
Medical Emergency Form
School Year 2010-2011

Student Name:

Grade:

Birth date:

Address:

Contact Information

Father's Full Name:
Place of Employment:
City of Employment:
Work Phone:
Home Phone:
Cellular Phone:

Mother's Name and Maiden Name:
Place of Employment:
City of Employment:
Work Phone:
Home Phone:
Cellular Phone:

Health Information

Physician:	Address:	Phone Number
	City, State, Zip Code:	
Medical Insurance Company	Insurance ID Number	

Dentist:	Address:	Phone Number
	City, State, Zip Code:	
Medical Insurance Company	Insurance ID Number	

Specialist:	Address:	Phone Number
	City, State, Zip Code:	
Medical Insurance Company	Insurance ID Number	

Please list any known allergies or health concerns for the teachers (I.E. Medications, allergies, vision or hearing concerns, other information which you feel would be helpful).

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event of a medical emergency while I am out of the city or school personnel are unable to reach me, I hereby authorize school and/or hospital personnel to provide medical care to my child as deemed necessary. (At parent's expense)

_____ Dated

_____ Dated

Sacred Heart School
Medical Emergency Form
School Year 2010-2011

Student Name:

Grade:

Birth date:

Address:

Contact Information

Father's Full Name:
Place of Employment:
City of Employment:
Work Phone:
Home Phone:
Cellular Phone:

Mother's Name and Maiden Name:
Place of Employment:
City of Employment:
Work Phone:
Home Phone:
Cellular Phone:

Health Information

Physician:	Address:	Phone Number
	City, State, Zip Code:	
Medical Insurance Company	Insurance ID Number	

Dentist:	Address:	Phone Number
	City, State, Zip Code:	
Medical Insurance Company	Insurance ID Number	

Specialist:	Address:	Phone Number
	City, State, Zip Code:	
Medical Insurance Company	Insurance ID Number	

Please list any known allergies or health concerns for the teachers (I.E. Medications, allergies, vision or hearing concerns, other information which you feel would be helpful).

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event of a medical emergency while I am out of the city or school personnel are unable to reach me, I hereby authorize school and/or hospital personnel to provide medical care to my child as deemed necessary. (At parent's expense)

_____ Dated

_____ Dated

Sacred Heart School
Medical Emergency Form
School Year 2010-2011

Student Name:

Grade:

Birth date:

Address:

Contact Information

Father's Full Name:

Mother's Name and Maiden Name:

Place of Employment:

Place of Employment:

City of Employment:

City of Employment:

Work Phone:

Work Phone:

Home Phone:

Home Phone:

Cellular Phone:

Cellular Phone:

Health Information

Physician:

Address:

Phone Number

City, State, Zip Code:

Medical Insurance Company

Insurance ID Number

Dentist:

Address:

Phone Number

City, State, Zip Code:

Medical Insurance Company

Insurance ID Number

Specialist:

Address:

Phone Number

City, State, Zip Code:

Medical Insurance Company

Insurance ID Number

Please list any known allergies or health concerns for the teachers (I.E. Medications, allergies, vision or hearing concerns, other information which you feel would be helpful).

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event of a medical emergency while I am out of the city or school personnel are unable to reach me, I hereby authorize school and/or hospital personnel to provide medical care to my child as deemed necessary. (At parent's expense)

_____ Dated

_____ Dated