

SACRED HEART CATHOLIC SCHOOL
2024-2025 REGISTRATION

Registration Fees:

If paid by March 29, 2024 - \$200.00 per student

If paid after March 29, 2024 - \$300.00 per student

(Registration fees must accompany this form)

_____ I have a NEW E-mail address.

_____ I have a NEW mailing address.

Father or Guardian _____

E-mail Address _____

Occupation _____

Religion _____

Father Work Phone _____

Father Cell Phone _____

Mother or Guardian _____

E-mail Address _____

Occupation _____

Religion _____

Work Phone _____

Mother Cell Phone _____

Home Phone _____

Address _____

City _____

Zip _____

Parish you are registered in _____

Public school district you reside in _____

NAME	GRADE	REGISTRATION FEES
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		Total \$ _____

I give Sacred Heart Catholic School permission to release my name, address, and phone number as necessary for school related purposes only. I also give my permission for my child/children pictures to appear on the school website. I feel the school will be discreet about releasing this information.

Signature

Date