SACRED HEART CATHOLIC SCHOOL

**2025-2026 REGISTRATION**

Registration Fees:

### If paid by March 28, 2025 - $200.00 per student

**If paid after March 28, 2025 - $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