



Sacred Heart Catholic School
 220 Berger St.
 Lawrenceburg, TN 38464
 931-762-6125
 shslburg.com

ENROLLMENT FORM 2024-2025

Date: _____

| Student(s) First/Last Name | Middle Initial | Date of Birth | State & City of Birth | Grade Entering (K-8) | Male/Female | Ethnicity- Hispanic or Latino/ Non-Hispanic or Latino | Race-American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White |
|----------------------------|----------------|---------------|-----------------------|----------------------|-------------|---|---|
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Check all that apply

| | | | | | | |
|-----------------|-----------------|------------------|------------------|-------------------|------------------|------------------|
| Father Deceased | Mother Deceased | Parents Divorced | Parents Together | Parents Separated | Father Remarried | Mother Remarried |
|-----------------|-----------------|------------------|------------------|-------------------|------------------|------------------|

Child lives with:

| | | | | |
|--------------|-------------|-------------|---------------|----------------------------|
| Both Parents | Mother Only | Father Only | Joint Custody | Other: Relationship: _____ |
|--------------|-------------|-------------|---------------|----------------------------|

| <u>Please Print</u> | Father/Guardian | Mother/Guardian |
|---------------------------------|-----------------|-----------------|
| Name | | |
| Address | | |
| City, State, Zip | | |
| Home Phone | | |
| Work Phone | | |
| Cell Phone | | |
| Employer/Occupation | | |
| Employer's Address/Phone Number | | |
| Approximate Work Hours | | |
| Email Address (required) | | |

Transfer Students Only

| | | |
|----------------------------------|----------|---------------|
| Previously Attended School Name: | Address: | Phone Number: |
| | | |

Has your child ever been asked to leave a school? No _____ Yes _____

PLEASE FILL OUT BACK



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Religious Affiliation (please check appropriate box):

| | |
|--------------------------|---|
| <input type="checkbox"/> | Catholic and members of Sacred Heart Catholic Church-Lawrenceburg |
| <input type="checkbox"/> | Catholic and members of _____ Parish |
| <input type="checkbox"/> | Non-Catholic |

If Catholic, which of the Sacraments has the student(s) received?

Please circle: For more than one students per family, please list names:

| | | | |
|-----------------------|----|-----|--|
| Baptized? | No | Yes | |
| First Reconciliation? | No | Yes | |
| First Holy Communion? | No | Yes | |
| Confirmation? | No | Yes | |

Emergency Contact Information

Please list someone other than parent or guardian who may be contacted, if you cannot be reached:

| Name | Home Phone | Cell Phone |
|------|------------|------------|
| | | |
| | | |

Students may be picked up from school only by the following people unless you call :

| Name | Relationship | Home Phone | Cell Phone |
|------|--------------|------------|------------|
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In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician/dentist indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of Parent/Guardian: _____

| | |
|-------------------|---------------|
| Physician's Name: | Phone Number: |
| Dentist's Name: | Phone Number: |

Allergies:

Sacred Heart School admits students of any race, color, national, or ethnic origin to all rights, privileges, programs, and activities generally accorded to or made available to its students. Sacred Heart School does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, and athletic or other school administered program.