



SACRED HEART
Catholic School

NEW STUDENT FORM

Today's Date _____

Child's Full Name _____

Name to be used at school _____ Boy _____ Girl _____ Grade entering _____

Present Age _____ Place of Birth _____ Date of Birth _____

Address _____ Home Phone _____

Public School District In Which Child Resides _____

Child's Ethnicity (circle one): Hispanic / Non-Hispanic

Child's Race (circle all that apply): Asian, Black or African American, White, American Indian or Alaska Native,

Native Hawaiian or other Pacific Islander

Child Lives With: (choose one)

Both Parents Mother Mother/Stepfather Both Guardians
 Foster Parents Father Father/Stepmother Other _____

Parent/Legal Guardian 1 – with whom child resides

____ Custodial Parent

Name: _____

Full Address: _____

Phone 1: _____ Home / Cell / Work

Phone 2: _____ Home / Cell / Work

Phone 3: _____ Home / Cell / Work

Employer: _____

Place of Birth: _____ Religion: _____

Parent/Legal Guardian 2 – with whom child resides

____ Custodial Parent

Name: _____

Full Address: _____

Phone 1: _____ Home / Cell / Work

Phone 2: _____ Home / Cell / Work

Phone 3: _____ Home / Cell / Work

Employer: _____

Place of Birth: _____ Religion: _____

<u>Non-custodial PARENT Entitled to receive school information</u>	Emergency Contact: Yes / No	Can Pick Up: Yes / No
Name: _____	Relationship to Student: _____	
Address: _____	Phone 1: _____ Home / Cell / Work	
City: _____ State: _____ Zip: _____	Phone 2: _____ Home / Cell / Work	
Email: _____	Phone 3: _____ Home / Cell / Work	

Emergency Contact/Pick Up: Individuals (not parent) authorized to be called in emergency and/or to pick up child

Name: _____	Phone 1: _____ Home / Cell / Work
Relationship to student: _____	Phone 2: _____ Home / Cell / Work
Name: _____	Phone 1: _____ Home / Cell / Work
Relationship to student: _____	Phone 2: _____ Home / Cell / Work

(Please check those that apply.)

Father is: Deceased _____ Divorced _____ Remarried _____ If Remarried, Spouse Name _____

Mother is: Deceased _____ Divorced _____ Remarried _____ If Remarried, Spouse Name _____

All communications from Sacred Heart School (i.e. green notes, lunch menus, event information, reminders, etc.) are shared via TeacherEase, our school management software. Each student is set up with a TeacherEase account. Files and information are uploaded in the students' "Digital Locker", as well as sent out via email. Parents will receive a password for logging into TeacherEase (your user ID will be the email address you submit below). We encourage you to check TeacherEase on a daily or weekly basis for important information pertaining to your child(ren)'s education. **Please list the email address you would like to use as your TeacherEase user ID.** We will also use this email address for all school email correspondence. (We only require one email address to set up your child's account, however, you are welcome to submit two email addresses so both parents receive emails and can log in with their own user ID.)

Mother Email Address: _____

Father Email Address: _____

School Last Attended _____

School Address if other than Effingham Schools _____

Child's Religion _____

Baptism: Date _____ Church _____ City _____

First Communion: Date _____ Church _____ City _____

Confirmation: Date _____ Church _____ City _____

Are you registered in Sacred Heart Parish? Yes _____ No _____

If not, what parish/church do you attend? _____

**The following are NOT allowed to pick up my child(ren): _____

Transportation Mode to School: _____ Transportation Mode Home: _____

If student(s) ride a bus, list name of morning bus(es) _____ and afternoon bus _____

Does student live more than 1 1/2 miles from school? _____ *Parents may complete this section in August if needed

List known allergies, medical conditions, asthma, etc. of student: _____

Family Physician: _____ Phone # _____

Dentist's Name: _____ Phone # _____

In a medical emergency, we hereby authorize Sacred Heart School to seek emergency medical assistance for our child(ren) if we cannot be reached.

Parent/Guardian Signature _____ Date: _____