

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



Date of birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Place of birth (State) \_\_\_\_\_  
Entering Grade \_\_\_\_\_ SS# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Ethnic Origin (for statistical purposes) \_\_\_\_\_  
Date of Registration \_\_\_\_\_

## ENROLLMENT FORM

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Goes by \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_ Birthplace (State) \_\_\_\_\_

E-Mail address \_\_\_\_\_ Work E-Mail \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

Birthplace (State) \_\_\_\_\_ E-Mail address \_\_\_\_\_ Work E-Mail \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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 \_\_\_\_\_

**For Office Use Only**

- Birth Certificate
- Social Security Card
- Immunization record
- Baptismal Certificate
- Registration Fee
- Request for Records

Baptism Date, if Catholic: \_\_\_\_\_ Church \_\_\_\_\_ City, State \_\_\_\_\_

First Reconciliation Date: \_\_\_\_\_ Church \_\_\_\_\_ City, State \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church \_\_\_\_\_ City, State \_\_\_\_\_

Previous School Attended:

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

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

Parish Membership: Sacred Heart Catholic Church? No  Yes  Year Registered \_\_\_\_\_

Parish Membership other than Sacred Heart Catholic Church: \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Place of Employment/Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Title or Position \_\_\_\_\_ Business E-Mail \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Place of Employment/Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Title or Position \_\_\_\_\_ Business E-Mail \_\_\_\_\_

Name of Person Responsible for Tuition Payments \_\_\_\_\_

Address \_\_\_\_\_

Number of Siblings: Older: Boys \_\_\_\_\_ Girls \_\_\_\_\_ Younger: Boys \_\_\_\_\_ Girls \_\_\_\_\_