

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 _____