



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

## PRE-ENROLLMENT FORM 2020-2021

Date: \_\_\_\_\_

Student(s) First/Last Name	Middle Initial	Date of Birth	State & City of Birth	Grade Entering (PreK-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

**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		