



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

## ENROLLMENT FORM

**2022-2023**

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

**Check all that apply**

Father Deceased	Mother Deceased	Parents Divorced	Parents Together	Parents Separated	Father Remarried	Mother Remarried
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**Child lives with:**

Both Parents	Mother Only	Father Only	Joint Custody	Other: Relationship: _____
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<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:

Referred by \_\_\_\_\_

**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

**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.