



2021-2022

CUES – REGISTRATION FORM

For (circle school): Sacred Heart Holy Name All Saints

Today's Date: School Year Registering for:

Incoming Grade (circle one): Preschool (age3) Pre-K (age 4) Kindergarten 1 2 3 4 5 6 7 8

Student Name: Birthdate: Gender: Student's Religion: Ethnic Origin: Student lives with: Mailing Address: Email address: Phone number:

FAMILY INFORMATION (to be completed by parent) Is English your preferred language? Are you parishioners in the Archdiocese? Do you have other children enrolled at the school of choice? Is your child baptized?

PARENT/GUARDIAN INFORMATION

Name			
Religion			
Place of Birth			
Date of Birth			
Occupation			
Place of Employment			
Education			
Marital Status (please circle one)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Deceased	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Deceased	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Deceased

Custody of Child: Father, Mother and/or Guardian listed above? Yes No

If No: Custodial Parent Name: _____ **Relationship to Child** _____

STUDENT INFORMATION:

SERVICES RECEIVED AT PREVIOUS SCHOOL (required to ensure your child can be best accommodated):

IEP 504 Accommodations Speech **Other:**

Additional information, including where testing was done: _____

SCHOOL(S) PREVIOUSLY ATTENDED:

Name: _____ City/State: _____ Dates: _____

Name: _____ City/State: _____ Dates: _____

