



**Forms for School Year 2011-2012**  
**Page 1 – Sacred Heart School Registration Form – Student Information**

**Student Information**

Please Print

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M F Entering Grade \_\_\_\_\_

Birthplace \_\_\_\_\_ Social Security Number \_\_\_\_\_

Asian\_\_\_\_ Black\_\_\_\_ Caucasian\_\_\_\_ Hispanic\_\_\_\_ Native American\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*Please submit copies (not originals) of the child's birth and baptismal certificates.*

Religion of Child \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Current Parish \_\_\_\_\_

Parish Address \_\_\_\_\_

Pastor \_\_\_\_\_ Diocese \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_ Location \_\_\_\_\_

Date of First Communion \_\_\_\_\_ Church \_\_\_\_\_ Location \_\_\_\_\_

Date of First Penance \_\_\_\_\_ Church \_\_\_\_\_ Location \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Church \_\_\_\_\_ Location \_\_\_\_\_

Current School \_\_\_\_\_

School Address \_\_\_\_\_

School Contact \_\_\_\_\_ Phone \_\_\_\_\_

SACRED HEART SCHOOL  
289 LAFAYETTE ROAD  
HAMPTON, NH 03842  
TEL: 603.926.3254  
FAX: 603.929.1109  
WWW.SHSHAMPTON.ORG

*Please complete the next page*



**Forms for School Year 2011-2012**  
**Page 2 – Sacred Heart School Registration Form – Family Information**

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Child resides with \_\_\_ Both Parents \_\_\_ Mother Only \_\_\_ Father Only \_\_\_ Other (Please specify) \_\_\_\_\_

**Without a certified copy of court papers stating otherwise, either parent has a right to dismiss or visit the child.**

Other children in the family – Include name, date of birth, and present school for each.

**Business Information**

**Father's Occupation** \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Mother's Occupation** \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Enclosed are the following nonrefundable fees:**

- Registration Fee: \$100.00**
- Screening Fee: \$100.00**

**Parent Signature** \_\_\_\_\_

SACRED HEART SCHOOL  
289 LAFAYETTE ROAD  
HAMPTON, NH 03842  
TEL: 603.926.3254  
FAX: 603.929.1109  
WWW.SHSHAMPTON.ORG

<b>FOR OFFICE USE ONLY – Fees Paid</b>			
Registration	\$ _____	Date _____	Cash _____ Check # _____
Screening	\$ _____	Date _____	Cash _____ Check # _____