

**2018-2019 SACRED HEART SCHOOL
REGISTRATION FORM**

*Please attach your registration fee:
\$165.00 FOR THE FIRST CHILD
\$150.00 FOR EACH ADDITIONAL CHILD*

Note: Registration fees are non-refundable.

Student's Name: _____ Grade Entering: _____
 Last First Middle

Address: _____
 Street City Zip Code

Date of Birth: _____ Gender: _____ Social Security #: _____

Student's Religion: _____ Student's Ethnic Background: _____

Father's Name: _____ Religion: _____

Father's Place of Employment: _____ Occupation: _____

Home Address: _____
 Street City Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

E-mail: _____ Cell Phone: (____) _____

Did you graduate from Sacred Heart School? ____yes ____no

Mother's Name: _____ Religion: _____

Mother's Place of Employment: _____ Occupation: _____

Home Address: _____
 Street City Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

E-mail: _____ Cell Phone: (____) _____

Did you graduate from Sacred Heart School? ____yes ____no

If parents are separated or divorced, please give the following information:

Name of Legal Guardian: _____

Address of Legal Guardian: _____

Home Phone: (____) _____ Work Phone: (____) _____

For divorced or separated parents: The school must have current legal papers regarding custody on file at all times.

NEW STUDENTS ONLY

Date of Baptism: _____ Church: _____ City/State: _____

Date of 1st Communion: _____ Church: _____ City/State: _____

Name and Address of Last School Attended (for new students entering grades 1 – 7)

PLEASE SIGN AND DATE

I give Sacred Heart School permission to request my child's records and financial status from any school they have previously attended.

Signature of Parent or Guardian: _____

Date: _____

IMPORTANT: A copy of **BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE, and IMMUNIZATION RECORD** must be submitted by the parents to the school for students entering Sacred Heart for the first time. A copy of most recent report card **must** be submitted for new students entering grades 1-7 along with standardized test scores, if applicable.

TUITION AND FEES PAYMENT SACRED HEART SCHOOL

Name of Parent responsible for tuition and fees: _____

Address: _____
Street
City
Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

List student(s) name(s) and put a check in the corresponding box for grade entering:

*Note: Students enrolling in 4 year old program must be 4 years old on or before September 30th.
 Students entering Kindergarten must be 5 years old on or before September 30th.*

Student's Name		<u>2 Yr. Old</u> 3 or 5 days (circle days)	Montessori 3 (5 days only)	Montessori 4 (5 days only)	Montessori Kindergarten (5 days only)	Grades 1 – 7 (indicate grade)
	FULL DAY	M-T-W-Th-F				
	HALF DAY	M-T-W-Th-F			XXXXXXXX	

-----TUITION AND FEE POLICY -----

In order to be eligible for supporting tuition rates, families must be current with their church support envelopes. To become a member of Sacred Heart Catholic Church, you must register at the rectory to begin receiving support envelopes. The Pastor's guideline for support is \$500 per family for the calendar year. Accounts will be reviewed each year in December to determine support status.

Church Parish Membership: _____ Support Envelope # _____

Active supporting parishioner? (circle one) yes no not sure

VOUCHER INFORMATION

Families who support another church parish may qualify for a voucher to cover the non-supporting fee. The pastor of the supported parish determines eligibility. PLEASE SEND VOUCHER TO SACRED HEART SCHOOL OFFICE UPON RECEIPT.

-----TUITION PAYMENT ELECTION -----

Check one:

<input type="checkbox"/>	I choose to pay my tuition and fees in full to Sacred Heart School before June 1, 2018.
<input type="checkbox"/>	I choose to make a loan with Gulf Coast Bank & Trust Company for tuition only and pay my fees to Sacred Heart before June 1, 2018.
<input type="checkbox"/>	I choose to make a loan with Gulf Coast Bank & Trust Company for tuition and fees.

A 5% late fee will be assessed on all unpaid balances after June 1, 2018. A \$25.00 NSF fee will be assessed for any returned check.

Parent's Signature

Date



SACRED HEART SCHOOL

453 Spruce Street
Norco, LA 70079
(985) 764-9958



Dear Parents:

Below is an Archdiocesan form letter that clarifies your understanding of the fact that Sacred Heart School does not have a special education program. Please understand that this acknowledgement is not an indication of any changes in our program or curriculum. The faculty and staff of Sacred Heart School will continue to work together with you, as we always have, to help your child succeed. If you have any questions, do not hesitate to call me.

Sincerely,

Laura B. DeLaneuville
Principal

ACKNOWLEDGEMENT

The undersigned, who represent that they are the parent and/or legal guardians of _____, presently enrolled in Sacred Heart School, acknowledge that this school does not provide special education services or facilities. The undersigned further acknowledges that Sacred Heart School, its principal, faculty and staff are only required to make minor adjustments in Sacred Heart School's education program to attempt to accommodate whatever special needs their child/student may have and that the nature and extent of such minor adjustments are within the sole discretion of the principal of Sacred Heart School. The undersigned further acknowledges that, should the principal of Sacred Heart School determine in his or her own discretion that minor adjustments in Sacred Heart School's education program have not resulted in satisfactory accommodation of the program to the special needs of their child and that it is in the best interest of both the school and the child that he/she be placed in a more appropriate learning environment, then the principal may ask the undersigned to withdraw their child/student from Sacred Heart School and/or the child/student will be removed from the rolls of the school and /or not allowed to re-enroll.

Parent/Guardian

Date _____

AUTHORIZATION AND RELEASE

I/we, parents of _____ [name of student/s], hereby authorize any school previously attended by our child, _____, including but not limited to any school denominated as a Catholic School by and/or under the vigilance of the Archbishop of the Archdiocese of New Orleans pursuant to Canon Law of the Roman Catholic Church and which my/our child has attended in the past, to send a copy of any and all school records, including but not limited to any and all transcripts, standardized test scores, attendance records, special-education records, disciplinary records, financial records in regard to payments of fees and/or tuition, and/or any and all other educational and/or social or informational records, of _____ [student/s] to Sacred Heart of Jesus School. The foregoing authorization also applies in the event that Sacred Heart of Jesus School, which is the school authorized to receive the foregoing records, receives an inquiry in the future from any other Catholic School as described above for records and/or information; and, in that event, Sacred Heart School is then authorized to send such records and/or information to the requesting Catholic School. Further, in consideration of the sending and receipt of such records any related consideration, I hereby agree to release, defend, indemnify and hold harmless the owners of and/or any such schools that send and/or receive the aforementioned records, The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, administrators, principals, teachers, employees, agents and/or representatives and the Archbishop, bishops and all clergy of the Archdiocese of New Orleans, from any and all claims, demands and/or causes of action arising from the sending and/or receipt of the aforementioned records and/or from the content of such records.

Signature of Parent or Guardian _____

Date _____

Signature of Parent or Guardian _____

Date _____

2018-2019
AM/PM CARE REGISTRATION
AND EMERGENCY INFORMATION

Last Name _____

Student(s) Name(s) _____ Grade _____

Father's Name _____
 Place of Employment _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Name _____
 Place of Employment _____
 Home Phone _____ Work Phone _____ Cell Phone _____

If unable to contact parents in case of emergency, please notify the following:

Name	Relationship	Phone #

Name	Relationship	Phone #

Physician's Name _____ Phone _____ Hospital _____

Please list below any other person who you may be sending to pick up your child or children from PM Care:

Name	Relationship	Phone #

Name	Relationship	Phone #

Name	Relationship	Phone #

Name	Relationship	Phone #

If your child has any allergies or has any special medical needs, please list below:

AM/PM Care is collectible on a weekly basis, unless specific arrangements have been made otherwise through the school office.

Parent's Signature _____ Date _____