

Sacred Heart Villa School

Sisters of the Sacred Heart of Jesus

5269 Lewiston Road
Lewiston, NY 14092
285-9257 School 284-8273 Convent
E-mail: shvillaschool@gmail.com
Web site: www.shvilla.org

REGISTRATION FORM --KDGN - FIFTH

Student's Name	Grade
_____	_____
Address _____	Zip code _____
Phone _____	_____
Student's Social Security #	_____
Date of Birth _____	Place of Birth _____
Religion _____	Parish _____
Father's Name _____	Religion _____
Occupation (Place of work) _____	Deceased () Separated ()
Social Security # _____	Divorced () Remarried ()
E-mail address _____	_____
Mother's Name (Maiden) _____	Religion _____
Occupation (Place of _____	work) Deceased ()
Separated () Social Security # _____	Divorced () Remarried ()
E-mail address _____	_____
Student's Date of Baptism _____	Name of Church _____
Address of Church _____	_____

Previous School Attended _____ From _____ to _____

Names & Ages of other children in the family:

Name	Age	School	Grade
_____	_____	_____	_____

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Name of Student's Physician _____ phone _____

Does the student have any special difficulties?

Does the student have any habits, such as nail biting, etc.?

Does the student want to begin school? _____ If not, why? _____

This information is only for when we have to fill out state forms—NO NAMES WILL BE USED. Please use which applies: American Indian or Alaska Native, Black or African American (not Hispanic origin), Asian, Native Hawaiian or other Pacific Islander, Hispanic or Latino, White (not Hispanic origin), Multi-Racial (not Hispanic Origin) Please fill in the Ethnic line below. Ethnic /racial category

In case of an emergency please contact: (other than parents)

1) Name _____ Phone _____

Address _____

2.) Name _____ Phone _____

Address _____

Father's Business Phone _____

Mother's Business Phone _____

Legal name of the Public School District of student's residence:

Please check the Foreign Language you wish your child to take:

Italian _____ Spanish _____

Would you like your child to take piano and or voice? If yes, please check the following:

Piano _____ (\$20.00 per 1/2 hr. weekly lesson)

Voice _____ (\$20.00 per 1/2 hr. weekly lesson)

Piano and Voice _____ (\$20.00 per 1/2 hr. weekly lesson)

Indoor Soccer _____ (\$20.00 for 5 weeks) for Pre-K to 5th Gr.

Please pay \$50.00 non-refundable fee for the registration now.

"Lifelong Learning Starts at the Villa.