

**Sisters of the Sacred Heart of Jesus  
Sacred Heart Villa School**

5269 Lewiston Road

Lewiston, N.Y. 14092

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E-mail: [shvillaschool@gmail.com](mailto:shvillaschool@gmail.com)

Web site: [www.shvilla.org](http://www.shvilla.org)

2020-2021 Yr.

**RE-REGISTRATION FORM – KDG.N. – FOURTH**

Student's Name \_\_\_\_\_ Grade next Yr. \_\_\_\_\_

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 \_\_\_\_\_

**Names & Ages of other children in the family:**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name of Student's Physican \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency whom should we contact? (**Other than parents**)

1.) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2.) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Father's Business Phone \_\_\_\_\_ Mother's Business Phone \_\_\_\_\_

Language: Spanish \_\_\_\_\_ Italian \_\_\_\_\_

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

Please pay the \$100.00 non-refundable fee for re-registration now.