

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
Website: www.shvilla.org

REGISTRATION FORM ---KDGN – FIFTH 2022-2023

Student's Name _____ Grade _____

Address _____ Zip code _____ Phone _____

Student's Social Security # _____

Date of Birth _____ Place of Birth _____

Date of Baptism _____ Name of the Church _____

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 _____	Age _____	School _____	Grade _____
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 ½ hr. weekly lesson) _____

Voice (\$20.00 per ½ hr. weekly lesson) _____

Piano and Voice (\$20.00 per ½ hr. weekly lesson) _____

Indoor Soccer (\$20.00 for 5 weeks) for Pre-K to 5th Gr. (Yes _____ NO _____)

Ballet (\$30.00) for Pre-K to 5th Gr. (Yes _____ No _____)

Please pay \$50.00 non-refundable fee for the registration of KDGN or new student now.

“Lifelong Learning Starts at the Villa”