



Sisters of the Sacred Heart of Jesus

5269 Lewiston Road

Lewiston, NY 14092

285-9257 School 284-8273 Convent

Email: [shvillaschool@gmail.com](mailto:shvillaschool@gmail.com)

Website: <https://www.shvilla.org/>

### **K – 4 REGISTRATION FORM:**

*A non-refundable registration fee of \$50.00 is required to register.*

NEW Student     RETURNING Student

K     1     2     3     4

School Year Applying For: \_\_\_\_\_

*Please do not leave blanks. List N/A for non-applicable as necessary.*

**Student's Name:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_

**Student's Primary Address:** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Student's Social Security Number:** \_\_\_\_\_

**Date of Birth:** (month/date/year): \_\_\_\_\_

**Place of Birth (City and State):** \_\_\_\_\_

**Student's Date of Baptism** (month/date/year): \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Parish and/or Name of the Church:** \_\_\_\_\_

**Name of Student's Physician and Practice:** \_\_\_\_\_

**Practice Phone:** (    ) \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_

**Name of the Public School District in which Student Resides:** \_\_\_\_\_

*This information is required for educational state forms. Names or other identifiers will never be utilized.*

**Ethnicity:**

American Indian or Alaska Native  Black or African American/Non-Hispanic  Asian

Native Hawaiian or other Pacific Islander  Hispanic or Latino  White/ Not of Hispanic Origin

Multi-Racial/ Not of Hispanic Origin

Does the student have any medical conditions, special challenges, allergies, or any health concern(s) the school needs to be aware of (please note, any medical conditions must have a provider's medical diagnoses to be considered valid): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have any habits, i.e. nail biting, etc.?  YES  NO

If yes, explain: \_\_\_\_\_

Does the student wear glasses?  YES  NO

If yes, when are they worn, i.e. reading, distance, always: \_\_\_\_\_

Date of Last Eye Exam and Provider: \_\_\_\_\_

Does the student want to begin school?  YES  NO

If no, explain reason(s) if known: \_\_\_\_\_

**Previous School(s) Attended:**

1. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

2. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

**Name & Age of Other Children in the Family:**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**EXTRACURRICULAR ACTIVITY OPTIONS:**

**Karate** (\$45.00 Fridays at 1:00 pm. PK 3/4 1/2 hour; and K-4 1/2 hour weekly lesson)

**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)

**Ballet** (\$30.00 PK 3/4 1/2 hour; and K-4 1/2 hour weekly lesson)

**Indoor Soccer** (\$25.00 - spring only, per 1/2 hr. each session) **TBA**

**School Choir/Drama – Ages 3-10 (Wednesdays 3-4:00 PM**

**PARENT INFORMATION:**

**Mother's Full Name:** \_\_\_\_\_ (Maiden Name if applicable): \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Occupation and Place of Work** (include phone): \_\_\_\_\_

**Marital Status:**  Married  Divorced  Separated  Never Married  Divorced and Remarried

Widowed

**Primary Phone:** (      ) \_\_\_\_\_  Cell  Landline: Able to leave messages? Y N

**If Remarried, Contact Information for Spouse:**

**Primary Phone:** (    ) \_\_\_\_\_  Cell  Landline Able to leave messages? Y N

**Religion:** \_\_\_\_\_ Parish and Address of Church: \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

**Address** (if different from students): \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Occupation and Place of Work** (include phone): \_\_\_\_\_

**Primary Phone:** (    ) \_\_\_\_\_  Cell  Landline: Able to leave messages? Y N

**Religion:** \_\_\_\_\_ Parish and Address of Church: \_\_\_\_\_

Please narrate any special circumstances that the school needs to be aware of as it relates to parents' relationship, circumstances, environment, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **EMERGENCY CONTACTS:**

Please identify below the person(s) you wish the school to contact in the event of an emergency. These are individuals other than the individuals listed above. Please list in order of preference.

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_  Cell  Landline

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_  Cell  Landline