

Sacred Heart School

Student Enrollment Form

Complete one form per child (front & back)

SCHOOL YEAR:
2010/2011

GRADE:

<p style="text-align: center;"><u>Child's Name</u></p> <p>Last: _____</p> <p>First: _____</p> <p>Middle: _____</p> <p>Nickname: _____</p>	<p style="text-align: center;"><u>Sex</u></p> <p>Male <input type="checkbox"/></p> <p>Female <input type="checkbox"/></p> <p style="text-align: center;"><u>US Citizen</u></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p style="text-align: center;"><u>Address</u></p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ Zip _____</p> <p>Phone Number: (____) _____ - _____</p>
<p><u>Birth Date</u> ____/____/____</p>		<p style="text-align: center;"><u>Resides with (check one)</u></p> <p>Both <input type="checkbox"/> *Mother <input type="checkbox"/></p> <p>*Father <input type="checkbox"/> *Other <input type="checkbox"/>: _____</p> <p><i>*If checked a Court Ordered Final Judgment (custody papers) must be submitted to the Main Office.</i></p> <p>Does other parent have shared custody? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><u>Birth Place:</u></p> <p>City _____</p> <p>County _____ State _____</p> <p>Country (if outside USA) _____</p>		
<p style="text-align: center;"><u>Ethnic Origin of Child</u></p> <p><i>(This is used for State/Diocesan statistical purposes.)</i></p> <p><input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> African-American <input type="checkbox"/> Asian/Pacific Islander</p> <p><input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial</p> <p>Language spoken at home: _____</p>	<h1 style="color: green;">Academic Information</h1> <p style="text-align: center;"><u>Transferring From (if applicable):</u></p> <p>School Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>*Kindergarten Use Only: Did the student attend VPK? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the student ever repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, which Grade(s)? _____</p> <p>Has the student ever been suspended/expelled from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><u>Psychological</u></p> <p style="text-align: center;"><i>**Please submit psychological test results**</i></p> <p><input type="checkbox"/> N/A <input type="checkbox"/> ADD <input type="checkbox"/> ADHD</p> <p><input type="checkbox"/> SLD Please list disability _____</p> <p>Is your child taking any medication associated with this disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please specify: _____</p>	
<p style="text-align: center;"><u>Sacraments</u></p> <p><input type="checkbox"/> Catholic (please check all sacraments your child has received)</p> <p><input type="checkbox"/> Baptized <input type="checkbox"/> Penance</p> <p><input type="checkbox"/> Holy Eucharist <input type="checkbox"/> Confirmation</p> <p style="padding-left: 20px;"><input type="checkbox"/> Certificate of Reception into Catholic Church</p> <p><input type="checkbox"/> Non-Catholic</p> <p><input type="checkbox"/> Baptized Religion _____</p> <p>Church _____</p>		

Medical Information

Is student currently taking *medication on a regular basis? If yes please specify in the box below.

Prescription (medication prescribed by a physician)

Diagnosis (i.e. Asthma)	Medication	Dosage	Frequency

Non-Prescription (over-the-counter medication)

Condition	Medication	Dosage	Frequency

*Please refer to school handbook for medication policy. Medication forms are available in the office.

Does your child have any allergies? _____ If yes, please specify: _____

Does your child have asthma? _____ Current treatment: _____

The following information must be enclosed with new student applications:

- ❖ Birth Certificate
- ❖ Baptismal Certificate (Catholic)
- ❖ Recent report card and previous two years report cards (if applicable)
- ❖ Standardized Tests (grades 2-8)
- ❖ Psychological Test Results (if applicable)

I, _____

(Print First & Last Name)

acknowledge that I have completed the application, student enrollment and medical information forms to the best of my knowledge. If any information changes I will notify the school office in writing as soon as it occurs.

Parent Signature

Date

Florida Department of Health

****OFFICIAL USE ONLY****

Student Health Examinations (Gold/Yellow Form)

Date: _____

Certificate of Immunization (Blue Form)

Completed: _____ Date to be completed by: _____