

**REGISTRATION FORM**  
**Sacred Heart School**  
**234 N. Sycamore St.**  
**Monticello, IA 52310**  
(319) 465-4605

\_\_\_\_\_  
FATHER'S NAME

\_\_\_\_\_  
MOTHER'S NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
RESIDENT SCH. DIS.

\_\_\_\_\_  
HOME PHONE #

\_\_\_\_\_  
FATHER'S WORK PHONE

\_\_\_\_\_  
MOTHER'S WORK PHONE

\_\_\_\_\_  
CELL PHONE #

\_\_\_\_\_  
FATHER'S PLACE OF WORK

\_\_\_\_\_  
MOTHER'S PLACE OF WORK

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY WHEN PARENTS  
CANNOT BE REACHED:

NAME \_\_\_\_\_

PH. # \_\_\_\_\_

NAME \_\_\_\_\_

PH. # \_\_\_\_\_

DAYCARE \_\_\_\_\_

PH. # \_\_\_\_\_

CHILD

GRADE

BIRTHDAY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please name parish IF OTHER THAN Sacred Heart \_\_\_\_\_

Does your child(ren) have any medical concerns that the teachers should be aware of? i.e.. loss of hearing, heart-murmur, etc. If so, please describe the condition.

\_\_\_\_\_

\_\_\_\_\_

If you and your spouse are separated/divorced, should the school contact the non - custodial parent with newsletters and set up Parent/Teacher conferences. YES NO

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

