

**Shepherd of the Hills Catholic School  
Registration Form for New Students (Grades 1-8)**

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**STUDENT INFORMATION**

Name of Student \_\_\_\_\_  
LAST FIRST MIDDLE NICKNAME IF APPLICABLE

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
00/00/0000

Place of Birth: \_\_\_\_\_  
HOSPITAL CITY/STATE

Baptism: \_\_\_\_\_  
PARISH CITY/STATE DATE

Previous School: \_\_\_\_\_  
SCHOOL CITY/STATE GRADE

Is primary residence of the student with both parents? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If the primary residence of the student is not with both parents, please fill out a Confidential Family/Student Information Form.*

**PARENT INFORMATION**

**Father/Guardian Information**

**Mother/Guardian Information**

Name \_\_\_\_\_  
LAST FIRST

Name \_\_\_\_\_  
LAST FIRST MAIDEN

Address \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

City, Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Parish of Membership \_\_\_\_\_

Parish of Membership \_\_\_\_\_

**Shepherd of the Hills Catholic School respects the dignity of the child and his or her right to education. Shepherd of the Hills Catholic School admits students of any race, color, religion, and national ethnic origin. Membership of Shepherd of the Hills Catholic Parish is not required for attendance in a school program.**

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Alt. Emergency Contact Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION**

List Any Allergies: \_\_\_\_\_

Medication Taken: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

Medication Taken: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

Restrictions: \_\_\_\_\_

***A Medication Consent Form must be filled out for any medications administered at school.***

Please list any concerns (if any) that you may have about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_