

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

STUDENT INFORMATION
(Please list students from oldest to youngest)

Name of Student: _____ Date of Birth: _____
LAST FIRST MIDDLE 00/00/0000

Circle Grade to Enter: 1 2 3 4 5 6 7 8 Gender: Male _____ Female _____

Name of Student: _____ Date of Birth: _____
LAST FIRST MIDDLE 00/00/0000

Circle Grade to Enter: 1 2 3 4 5 6 7 8 Gender: Male _____ Female _____

Name of Student: _____ Date of Birth: _____
LAST FIRST MIDDLE 00/00/0000

Circle Grade to Enter: 1 2 3 4 5 6 7 8 Gender: Male _____ Female _____

Name of Student: _____ Date of Birth: _____
LAST FIRST MIDDLE 00/00/0000

Circle Grade to Enter: 1 2 3 4 5 6 7 8 Gender: Male _____ Female _____

A Health & Emergency Form will need to be completed for each registered student in fall.

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.