

Sacred Heart Villa School
Sisters of the Sacred Heart of Jesus

5269 Lewiston Road
Lewiston, NY 14092
285-9257 School 284-8273 Convent
E-mail: sacredhrtv@yahoo.com
Web site: www.shvilla.org

REGISTRATION FORM ---KDGN – FIFTH

Student's Name _____ Grade _____
Address _____ Zip code _____ Phone _____
Student's Social Security # _____
Date of Birth _____ Place of Birth _____
Religion _____ Parish _____
Father's Name _____ Religion _____
Occupation (Place of work) _____ Deceased () Separated ()
Social Security # _____ Divorced () Remarried ()
Mother's Name (Maiden) _____ Religion _____
Occupation (Place of work) _____ Deceased () Separated ()
Social Security # _____ Divorced () Remarried ()
Student's Date of Baptism _____ Name of Church _____
Address of Church _____
Previous School Attended _____ From _____ to _____
Names & Ages of other children in the family:
Name _____ Age _____ School _____ Grade _____
Name _____ Age _____ School _____ Grade _____
Name _____ Age _____ School _____ Grade _____
Name of Student's Physician _____ phone _____
Does the student have any special difficulties? _____

Does the student have any habits, such as nail biting, etc.? _____
Does the student want to begin school? _____ If not, why? _____

In case of an emergency please contact: (other than parents)

1.) Name _____ Phone _____

Address _____

2.) Name _____ Phone _____

Address _____

Father's Business Phone _____ Mother's Business Phone _____

Legal name of the Public School District of student's residence:

Please check the Foreign Language you wish your child to take:

Italian _____ Spanish _____

Would you like your child to take piano and or voice? If yes, please check the following:

Piano (\$10.00 per ½ hr. weekly lesson) _____

Voice (\$10.00 per ½ hr. weekly lesson) _____

Piano and Voice (\$10.00 per ½ hr. weekly lesson) _____

Would you like your son/daughter to take Karate? Yes _____ No _____

Please pay \$50.00 non-refundable fee for the registration now.

"Lifelong Learning Starts at the Villa"