

SACRED HEART SCHOOL
PRIMARY EDUCATION



Sacred Heart School
Education Complex
St. John's, Saba, NA
416-3281

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Grade **Teacher**

House Color

Name		Birthdate	Address	
Last	First Middle	day-month-yr	Street/POBox	Village

Registration Information

Sex:	Regis #	Enrollment	Date(s) d-m-yr) Withdrawal	Transfer	Re-entry:
	Religion	Place of Birth	Nationality	Language(s) spoken at home	

Father	Address		Home Phone	Fax Number	Cell	Email Address
	Street/POBox	Village				
Profession	Work Place	Work Phone				

Mother	Address		Home Phone	Fax Number	Cell	Email Address
	Last, First	Street/POBox	Village			
Profession	Work Place	Work Phone				

Alternate Person	Address		Home Phone	Fax Number	Cell	Email Address
	Last, First	Street/POBox	Village			
Profession	Work Place	Work Phone				

Relationship	Profession	Work Place	Work Phone	Siblings:	brother(s)	sister(s)
				older		
				younger		
				total		

What Insurance does your Child Have?

Does your child have any allergies? If yes what is he/she allergic to?

Does your child have to take any special medications? If yes what are the medications and their uses?

I verify that the above information is correct and complete to the best of my abilities.
I promise that should any information change I will notify the registration office at my child's
school as soon as possible.
Signed,

Parent/ Guardian signature

Registrar's signature

Cassandra Holm - Office Manager

Date
