



CUES – REGISTRATION FORM

For (circle school): Sacred Heart Holy Name All Saints

Today's Date: _____ School Year Registering for: _____

Incoming Grade (circle one): Preschool (age3) Pre-K (age 4) Kindergarten 1 2 3 4 5 6 7 8

Student Name: _____ / _____
Last First Middle Preferred First Name

Birthdate: ____/____/____ Gender: ____ Male ____ Female Student's Religion: _____

Ethnic Origin: (as required by the State of Nebraska) Check all that apply

- ____ African origin from: _____
- ____ American Indian
- ____ Asian
- ____ Black/African American
- ____ Hispanic/Latino origin from _____
- ____ Pacific Islander
- ____ White/Caucasian
- ____ Multi-Race (please specify): _____

Student lives with: ____ Both Parents ____ Mother ____ Father ____ Other _____

Mailing Address: _____
Street Address City State Zip

Email address: _____ Phone number: _____

FAMILY INFORMATION (to be completed by parent)

Is English your preferred language? ____ Yes ____ No If no, what is your primary language? _____

Are you parishioners in the Archdiocese? ____ Yes ____ No

If Yes, what is your Parish name? _____ Date Registered: _____

If No, are you planning to register? ____ Yes ____ No

Do you have other children enrolled at the school of choice? ____ Yes ____ No

If Non-parishioner, what is your church name? _____

If transferring student, what is your current school? _____

Out-of-state transfer? ____ Yes ____ No If yes, city and state transferring from: _____

Is your child baptized? ____ Yes ____ No

PARENT/GUARDIAN INFORMATION

	Natural/Adoptive Father	Natural/Adoptive Mother	Guardian/Custodian
Name			
Religion			
Place of Birth			
Date of Birth			
Occupation			
Place of Employment			
Education			
Marital Status (please circle one)	Single Married Separated Divorced Remarried Deceased	Single Married Separated Divorced Remarried Deceased	Single Married Separated Divorced Remarried Deceased

Custody of Child: Father, Mother and/or Guardian listed above? Yes No

If No: Custodial Parent Name: _____ **Relationship to Child** _____

STUDENT INFORMATION:

SERVICES RECEIVED AT PREVIOUS SCHOOL (required to ensure your child can be best accommodated):

IEP 504 Accommodations Speech **Other:** _____

Additional information, including where testing was done: _____

SCHOOL(S) PREVIOUSLY ATTENDED:

Name: _____ City/State: _____ Dates: _____

Name: _____ City/State: _____ Dates: _____

IF TRANSFERRING, REASON FOR TRANSFER:

Siblings' Name	Birth Date	Current School	Grade

ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD (i.e. allergies, medical issues):

Is your child enrolled in an AFTER SCHOOL or DAYCARE Program? ___ Yes ___ No

Center Name

Contact Person

Phone #

Will your child be attending Daycare on the first day of school? ___ Yes ___ No

Will transportation be provided? ___ Yes ___ No

If NO AFTER SCHOOL or DAY CARE, will your child be a car rider? ___ Yes ___ No

Will your child walk home from school? ___ Yes ___ No

Who has your permission to pick your child up from school?

Name	Relationship	Phone number

OFFICE USE ONLY

Registration Fee _____ Date Paid _____ Circle Method of Payment: Check # _____ Cash Money Order

Children's Scholarship Fund: YES NO Amount _____

Tuition Assistance: YES NO Amount _____

Family Scholarship: YES NO Amount _____