

SACRED HEART R.E.O. REGISTRATION FORM 2019/2020
114 S. ELIZABETH ST.
LOMBARD, IL 60148
630-495-0843

STUDENTS WILL AUTOMATICALLY BE PLACED ON THE SAME NIGHT UNLESS YOU
INDICATE OTHERWISE ...**MONDAY OR WEDNESDAY**

FUN #

STUDENT NAME:

STUDENT ADDRESS:

CITY/STATE/ZIP:

PHONE #:

MOTHER'S WK #:

FATHER'S WK. #:

EMAIL ADDRESS:

GRADE:

FULL DATE OF BIRTH:

PARENT'S LAST NAME IF DIFFERENT FROM STUDENT:

EMERGENCY CONTACT (OTHER THAN PARENT) & PHONE #:

CHURCH OF BAPTISM:

CHURCH OF COMMUNION:

DATE OF BAPTISM:

DATE OF COMMUNION:

NOTE: A BAPTISMAL CERTIFICATE MUST BE ON FILE IN THE RELIGIOUS EDUCATION OFFICE

**IT IS STRONGLY ENCOURAGED TO HAVE TUITION PAID IN FULL AT TIME OF REGISTRATION AND
BOOK PICK-UP**

**STATEMENTS WILL BE SENT OUT MONTHLY FOR THE REMAINING BALANCES TO BE PAID.
(ONE TIME \$10 SERVICE CHARGE IN NOVEMBER FOR LATE PAYMENTS)**

TOTAL PAYMENT DUE: FEBRUARY 1ST

DOES THE STUDENT HAVE AN ALLERGY/OTHER SPECIAL NEEDS: YES NO (CIRCLE)

TO WHAT? _____