



Sacred Heart School

208 South Market Street ~ Hudson, MI 49247 ~ 517-448-6405
www.shshudson.com

Grade 1– 6 Registration

Name of Child _____	Birth Date _____	Grade _____
Name of Child _____	Birth Date _____	Grade _____
Name of Child _____	Birth Date _____	Grade _____
Name of Child _____	Birth Date _____	Grade _____

Address _____ City, State, Zip _____

Home Phone: _____

Father's Name _____ Age _____ State of Birth _____

Father's address (if different from child) _____

Father's Email _____ Father's Cell Phone _____

Father's Employer _____ Father's Work Phone _____

Mother's Name _____ Age _____ State of Birth _____

Mother's Address (if different from child) _____

Mother's E-mail _____ Mother's Cell Phone _____

Mother's Employer _____ Mother's Work Phone _____

Educational Status: Father _____ Mother _____

Guardian's Name (if other than parent) _____ Allergies _____

Emergency Contact #1 Name & Phone _____

Emergency Contact #2 Name & Phone _____

Other Children in the Family

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Are you a registered member of Sacred Heart Parish or any other Catholic Parish? YES NO

Will you use Public School Transportation? YES NO

Please contact the Transportation Department at Hudson Area Schools (448-8912) at least two weeks prior to the start of school. Direction to home: _____

REGISTRATION FEE—\$130 per student—must be paid at time of registration.

Please return registration ASAP, as placement is based on a first come first serve basis.

Parent Signature _____ Date _____