



FALLS CITY SACRED HEART CATHOLIC SCHOOL

1820 FULTON STREET, FALLS CITY, NE 68355 402.245.4151

Application for Enrollment

Name of Student Enrolling _____ **Date of Birth** _____ **Grade Level** _____ **Date** _____

First _____ **Middle** _____ **Last** _____

Student Cell Phone (optional): _____

Residing with: _____ Home Phone _____

Father's Name: _____ Father's Cell Phone: _____

Father's Address: _____ Employer: _____

Father's Email: _____

Mother's Name: _____ Mother's Cell Phone: _____

Mother's Address: _____ Employer: _____

Mother's Email: _____

Public School District: _____ County _____

Catholic Non Catholic Student's Parish: _____

	Baptism	First Confession	First Communion	Confirmation
Date:	_____	_____	_____	_____
Church:	_____	_____	_____	_____
City, State:	_____	_____	_____	_____

Ethnicity: No, not Hispanic/Latino

Yes, Hispanic/Latino (a person of Cuban, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

Race: (please circle) American Indian/Alaska Native Asian Black or African American
Native Hawaiian or other Pacific Islander White Other

School Communication/Alert Now

I would like to receive the daily bulletin via email at the following address:

Alert Now: Keeping you informed is a top priority. Using the Alert Now notification system, you will be notified of school cancellations and delays due to inclement weather, as well as reminders for upcoming events. Caller ID will display Sacred Heart School or phone number 402-245-4151. Alert Now will leave messages on any answering machine. The successful delivery of Alert Now depends on accurate information for students. Please make sure we have the most recent phone numbers and if you have changes, please notify the school.

Family Name: _____

Student (s) Name (s): _____

Phone #1: _____

Phone #2: _____

Phone #3: _____