



FALLS CITY SACRED HEART CATHOLIC SCHOOL

1820 FULTON STREET, FALLS CITY, NE 68355 402.245.4151

Student Registration

Name of Student Registering _____ 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