



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