

**BASILICA OF THE SACRED HEART OF JESUS
STUDENT INFORMATION FORM**

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

IF PARENTS LIVE APART, PLEASE PROVIDE CONTACT INFORMATION FOR BOTH PARENTS.

Student Information

Child's Name: _____ Grade: ____ DOB: _____

Baptized? YES NO Where? _____

School Attending: _____

Special Needs? YES NO

Child's Name: _____ Grade: ____ DOB: _____

Baptized? YES NO Where? _____

School Attending: _____

Special Needs? YES NO

Child's Name: _____ Grade: ____ DOB: _____

Baptized? YES NO Where? _____

School Attending: _____

Special Needs? YES NO

Child's Name: _____ Grade: ____ DOB: _____

Baptized? YES NO Where? _____

School Attending: _____

Special Needs? YES NO

PLEASE RETURN FORM ALONG WITH \$35 PER STUDENT FEE TO:

ADAM AND BRIDGET WURTZ 210 HONEYSUCKLE COURT HANOVER, PA 17331

OR SEND TO THE PARISH OFFICE.

QUESTIONS, PLEASE CALL ADAM OR BRIDGET WURTZ 717-630-1144. THANK YOU.