✝ ST. HENRY CATHOLIC SCHOOL

3825 Dixie Highway | Elsmere, KY 41018 | 859-342-2551 | sthenryschool.net

2026-2027 Registration Form

Father/Guardian Information

Last Name: _____   First Name: _____

Street Address: _____   City/State/ZIP: _____

Cell Phone # _____   Email Address: _____

Religion: _____   Parish: _____

Date of Birth: _____   Attended St. Henry Catholic School? Y   N

Birth City/State: _____   Highest Education: HS ASSOC   BA MA   PhD

Marital Status (circle): Married   Single   Separated   Divorced   Widowed

Employer: _____   Occupation: _____

Mother/Guardian Information

Last/Maiden Name: _____   First Name: _____

Street Address: _____   City/State/ZIP: _____

Cell Phone # _____   Email Address: _____

Religion: _____   Parish: _____

Date of Birth: _____   Attended St. Henry Catholic School? Y   N

Birth City/State: _____   Highest Education: HS ASSOC   BA MA   PhD

Marital Status (circle): Married   Single   Separated   Divorced   Widowed

Employer: _____   Occupation: _____

Non-Attending Children: Please list any children up to age 14 who will not attend SHCS during the 2026-2027 school year.

Name: _____   Birthdate: _____   M F

Name: _____   Birthdate: _____   M F

Name: _____   Birthdate: _____   M F

A Diocese of Covington School

✝ ST. HENRY CATHOLIC SCHOOL

Student Information #1

Last Name: _____ First Name: _____ Middle Name: _____ M F

2025/2026 Grade: _____ If preschool, please circle: Half day   Full Day

Student lives with (circle): Both parents   Mother   Father   Guardian   Other: _____

Street Address: _____ City/State/ZIP: _____

Birthdate: _____ Birth City/State: _____ Social Security # _____

Race (circle): American Indian/Alaskan Native   Asian   Black/African American   Hispanic/Latino

　　　　　　　　Native Hawaiian/Other Pacific Islander   White/Caucasian

Religion if not Catholic: _____ Public School District: _____

Sacraments	Date	Church	City/State
Baptism	_____	_____	_____
1st Reconciliation	_____	_____	_____
1st First Communion	_____	_____	_____
Confirmation	_____	_____	_____

Allergies and Health Concerns:

_____

_____

_____

Please return completed registration form and non-refundable fee of $100* per student to:

St. Henry Catholic School, 3825 Dixie Highway, Elsmere, KY 41018

*Registration fee will be deducted from your tuition bill.

_____

Office Use Only: _____ Birth Certificate on file   _____ Baptismal Certificate on file

A DIOCESE OF COVINGTON SCHOOL

Student Information #2

Last Name: _____ First Name: _____ Middle Name: _____ M F

2025/2026 Grade: _____   If preschool, please circle: Half day   Full Day

Student lives with (circle): Both parents   Mother   Father   Guardian   Other: _____

Street Address: _____ City/State/ZIP: _____

Birthdate: _____ Birth City/State: _____ Social Security # _____

Race (circle): American Indian/Alaskan Native   Asian   Black/African American   Hispanic/Latino

             Native Hawaiian/Other Pacific Islander   White/Caucasian

Religion if not Catholic: _____   Public School District: _____

Sacraments	Date	Church	City/State
Baptism	_____	_____	_____
1st Reconciliation	_____	_____	_____
1st First Communion	_____	_____	_____
Confirmation	_____	_____	_____

Allergies and Health Concerns:

_____

_____

_____

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*Registration fee will be deducted from your tuition bill.

_____

Office Use Only: _____ Birth Certificate on file   _____ Baptismal Certificate on file

A DIOCESE OF COVINGTON SCHOOL

✝ ST. HENRY CATHOLIC SCHOOL

Student Information #3

Last Name: _____ First Name: _____ Middle Name: _____ M F

2025/2026 Grade: _____ If preschool, please circle: Half day   Full Day

Student lives with (circle): Both parents   Mother   Father   Guardian   Other: _____

Street Address: _____ City/State/ZIP: _____

Birthdate: _____ Birth City/State: _____ Social Security # _____

Race (circle): American Indian/Alaskan Native   Asian   Black/African American   Hispanic/Latino

Native Hawaiian/Other Pacific Islander   White/Caucasian

Religion if not Catholic: _____ Public School District: _____

Sacraments	Date	Church	City/State
Baptism	_____	_____	_____
1st Reconciliation	_____	_____	_____
1st First Communion	_____	_____	_____
Confirmation	_____	_____	_____

Allergies and Health Concerns:

_____

_____

_____

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*Registration fee will be deducted from your tuition bill.

_____

Office Use Only: _____ Birth Certificate on file   _____ Baptismal Certificate on file

Student Information #4

Last Name: _____ First Name: _____ Middle Name: _____ M F

2025/2026 Grade: _____ If preschool, please circle: Half day   Full Day

Student lives with (circle): Both parents   Mother   Father   Guardian   Other: _____

Street Address: _____ City/State/ZIP: _____

Birthdate: _____ Birth City/State: _____ Social Security # _____

Race (circle): American Indian/Alaskan Native   Asian   Black/African American   Hispanic/Latino

Native Hawaiian/Other Pacific Islander   White/Caucasian

Religion if not Catholic: _____ Public School District: _____

Sacraments	Date	Church	City/State
Baptism	_____	_____	_____
1st Reconciliation	_____	_____	_____
1st First Communion	_____	_____	_____
Confirmation	_____	_____	_____

Allergies and Health Concerns:

_____

_____

_____

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***Registration fee will be deducted from your tuition bill.**

_____

Office Use Only: _____ Birth Certificate on file   _____ Baptismal Certificate on file

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