

Date of Application: \_\_\_\_\_

Grade Applying To: \_\_\_\_\_



# SACRED HEART CATHOLIC SCHOOL

## Application for Admission

### Student Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Student is Called: \_\_\_\_\_ Sex: M F

Ethnic Background (*for census information only*):  Asian American  African American  Hispanic American  
 American Indian  Caucasian  Multi-Racial  
 Non-American (*please specify*): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent E-Mail Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Local public district in which you reside: \_\_\_\_\_ Your local public school: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Child of Alumni?  Yes  No Sibling?  Yes  No

Name: \_\_\_\_\_ Name(s): \_\_\_\_\_

### Sacramental Information:

Date	Church	Location
Baptism: _____		

Penance: \_\_\_\_\_

First Communion: \_\_\_\_\_

### Parent/Guardian Information:

Married  Married, but separated  Divorced  Other

Child resides with:  Both  Father  Mother  Other

Who has legal custody?  Both  Father  Mother  Other

Are there visitation or court restrictions?  No  Yes If yes, it is important to provide documents to the school.

Please check here for non-custodial parent school mailings to be mailed to the following address: \_\_\_\_\_

*Sacred Heart Catholic School shall admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities made available to Sacred Heart Catholic School students. Sacred Heart Catholic School shall not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admissions policies, tuition assistance programs, and all school-administered programs.*

**Father/Guardian:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Religion: \_\_\_\_\_ U.S. Citizen:  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*If different from applicant's:*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mother/Guardian:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Maiden: \_\_\_\_\_

Religion: \_\_\_\_\_ U.S. Citizen  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*If different from applicant's:*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Previous School Attended:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**All Other Schools Attended:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Location: \_\_\_\_\_

**Student Information:**

Has applicant had remedial help?  Yes  No

If yes, indicate which subject:  Math  Reading  Language Arts  Spelling

Please indicate what grade(s):

Has your child ever received special services in any of the following programs? Please check all that apply:

TAG/gifted  IEP  504  Speech  Other

If other, please explain:

Has applicant ever been home schooled?  Yes  No If yes, what program did you follow?

**Please attach a current writing sample and current report card with this application.**

Has applicant ever been suspended or dismissed from another school for disciplinary and/or academic reasons?

Yes  No If yes, please list name of school, grade and school year:

Has applicant had any previous unusual socialization or behavioral problems with other children?  Yes  No

If yes, please explain:

Does applicant have any medical conditions that would prevent him/her from participation in the school's physical education program or field trips?  Yes  No If yes, please explain:

Has there been a need for any unusual medical care?  Yes  No If yes, please explain:

Is applicant currently on any type of medication?  Yes  No If yes, please explain:

**Parents' Goals and Assessments:**

*In order for the Admissions Committee to evaluate your child and his/her needs in regard to the programs offered, please answer the following questions:*

Reason(s) for wishing to enroll at Sacred Heart Catholic School:

Please describe your expectations of Sacred Heart Catholic School in regards to academic and behavioral

expectations, parent involvement and extracurricular activities:

---

---

---

---

---

---

---

---

Special interests:

---

---

---

---

---

---

---

---

Please describe your child's strengths and abilities, special areas of interest or concerns you may care to share:

---

---

---

---

---

---

---

---

**Additional Information:**

Please provide any additional information regarding your family (adoption, divorce, separation, changes in school, death of relatives/friends) or child (fears, social program, etc.) that would help us know and understand his/her educational or personal needs.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

*I have read and understood this application, and I certify that the information I have submitted is complete and accurate to the best of my knowledge. I agree to communicate in writing to the Principal any changes contained herein, even if said changes occur after enrollment. I understand that upon discovers of substantial inaccuracy or omission of information requested here, Sacred Heart Catholic School reserves the right to revoke admission to the school.*

Signature of Parent/Guardian:

Date:

---

---

Signature of Parent/Guardian:

Date: