



SACRED HEART SCHOOL

PRE-K - 8th GRADE APPLICATION

Please print information requested. Return application, birth certificate, baptismal certificate, recent photograph, and a non refundable application fee of \$40.00 to the school office. Make checks payable to Sacred Heart School.

Date of Application _____/_____/_____
Applying for Grade _____ Current SHS family _____
How did you hear about us? _____

STUDENT INFORMATION

Male Female Religion _____

Child's Name: _____
Last First Middle

Home Address: _____
No./Street
City, State Zip

Home Phone: (____) _____ Place of Birth: _____ DOB: ____/____/____

Siblings:

Name	Age	School

PLEASE CHECK INFORMATION THAT APPLIES TO YOUR CHILD:

Ethnic Background

- White
- Hispanic
- Black
- Chinese
- Japanese
- Korean
- Filipino
- American
- Vietnamese
- Other, Non-White

Living With

- Both Parents
- Father
- Mother
- Guardian
- Foster Parent
- Other _____
Relationship

Language Spoken at Home

- English
- Spanish
- Other _____
Specify

Citizenship: U.S. Native Born Naturalized Non U.S.

Primary Language spoken at home _____

CHILD'S SACRAMENTAL RECORD:

	Date	Church	City/State
Baptism	/ /		
Reconciliation	/ /		
First Eucharist	/ /		

PREVIOUS SCHOOLING:

Include pre-school, kindergarten and elementary schools.

School & Grade	Address/City/Zip	Phone

Has child been retained? Yes No Grade _____

Has child had any special testing? Yes No Grade _____

Has your child ever been tested for, diagnosed or identified with any of the following? Yes No

If yes, please indicate for what and provide SHS with a copy of the evaluation, diagnosis and/or test results.

Vision Speech/language Hearing Learning difficulties ADD/ADHD Dyslexia Other _____

Does the applicant required daily medication? Yes No

Health concerns: Severe allergies Asthma Other _____

PUBLIC SCHOOL INFORMATION:

Provide name and district of the public school your child is entitled to attend:

School / District: _____

Sacred Heart School does not unlawfully discriminate on the basis of race, color, national or ethnic origin, age, sex, or disability in the admission of students, the administration of educational policies, scholarship programs, and athletic and other school-administered programs.

How did you hear about Sacred Heart?

Referred by / related to: _____

Father's Information:

_____ Last Name First Name Middle

Home Address: _____
No. / Street City / State Zip

Home Number: (____) _____ Cell Number: (____) _____ Email: _____

Place of Birth: _____ U.S. Citizen: Yes No Religion: _____

Employer: _____ Occupation: _____

Work Number: (____) _____ ext. _____ Alumni of Sacred Heart? Yes / year _____ No

Mother's Information:

_____ Last Name First Name Middle

Home Address: _____
No. / Street City / State Zip

Home Number: (____) _____ Cell Number: (____) _____ Email: _____

Place of Birth: _____ U.S. Citizen: Yes No Religion: _____

Employer: _____ Occupation: _____

Work Number: (____) _____ ext. _____ Alumni of Sacred Heart? Yes / year _____
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**Parish Information:**

Sacred Heart registered parishioner?  Yes / how long? \_\_\_\_\_  No / what Parish? \_\_\_\_\_

Name of Parish that is closest to your home: \_\_\_\_\_

Name of Church your family attends for Sunday worship: \_\_\_\_\_

**Financial Assistance is available; please check if information on Financial Assistance is required.**

I accept my financial obligations to the school and will pay tuition in full and on time according to my contract. I understand that the school uses the SMART Management Program for tuition collection.

\_\_\_\_\_/\_\_\_\_\_  
Parent / Guardian Signature Date

Office Use Only  
Application Fee Pd \_\_\_/\_\_\_/\_\_\_  
Amount \$ \_\_\_\_\_ Ck# \_\_\_\_\_  
Registration Fee Pd \_\_\_/\_\_\_/\_\_\_  
Amount \$ \_\_\_\_\_ Ck# \_\_\_\_\_