

Application for Admissions 2017-2018

Student's Name: _____

Grade Level: _____ Age: _____ Gender: _____ DOB: _____
Month, Day & Year

Religion: _____ Parish/Church: _____

Student's Race (Check One): **American Indian/Native Alaskan** _____ **Asian** _____
Native Hawaiian/Pacific Islander _____ **White** _____
Two or more races _____

Student's Ethnicity (Check One): **Hispanic** _____ **Non-Hispanic** _____

Parent/Guardian Names: _____

Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ (Mom)

Cell Phone: _____ (Dad)

Cell Phone: _____ (Guardian)

Email Address: (mandatory) _____

Students primarily lives with (Check One): _____
Mom Dad Both Guardian

Father's Employer: _____ Work Phone: _____

Mother's Employer: _____ Work Phone: _____

Guardian's Employer: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Office Use Only

Pre Reg Fee

Check #

Cash/CC

Date

Student's Name: _____

Is student transferring from another school? Yes _____ No _____

Name of School: _____

Address: _____

City: _____ State: _____ Zip: _____

Date Entered: _____ Date Withdrawn: _____

Was student enrolled in any special programs at previous school(s)? Yes ___ No ___
If yes, please describe.

_____.

Has student ever had an IEP written for any educational or behavioral need? Yes ___ No ___
If yes, please describe.

_____.

Why do you want your child to attend Sacred Heart Catholic School?

_____.

Sacramental History

Baptism: _____ **Parish/Church:** _____ **Date:** _____

1st Reconciliation: _____ **Parish/Church:** _____ **Date:** _____

1st Holy Communion: _____ **Parish/Church:** _____ **Date:** _____

Parent/Guardian Signature

Date

Office Use Only

Birth Cert.

Baptismal Cert.

Vaccination

Contract

Dress Code

Handbook

Field Trip

Emergency