APPLICATION FOR ADMISSIONS -2025-2026

Today's Date:_____

Registering for Grade:_____

School Year: _____

Student Information

_____

Last Name **First Name** **Middle Name**

Student Home Address_____

_____

Date of Birth **Gender** **Religion**

Student Race (Please circle all that apply) American Indian or Alaska Native/Asian/Black or African American/ Hispanic or Latino/Middle Eastern or North African/ Native Hawaiian or Pacific Islander/White

Current School Information

_____

Current School **Current Grade**

_____

School Address

Please indicate whether your child has been placed on any of the following:

____ I.E.P. ____504 Service ____ Student Plan of Service _____ Has undergone an evaluation either through a public school district or private provider. Attach all appropriate documentation. Please explain.

_____

_____

_____

Student Sacramental Information

	Date	Location
Baptism		
Reconciliation		
Eucharist		

Name of Current Parish_____

How did you hear/learn about Sacred Heart School? _____

Required Documentation to be attached with Application

____*Birth Certificate*
____*Report Cards*
____*Immunization Records*
____*Service Plan or IEP*
____*Sacramental Certificate*
____*Application Fee*

OFFICE USE ONLY

*Receipt #*_____
Date: _____
*Received by:*_____

Parents/Guardian Contact Information

_____

Last Name **First Name** **Relationship to Student**

_____

Address City Zip

User Telephone Numbers **User E-Mail Addresses**

	Primary		Primary
Home _____	_____	**Home** _____	_____
Mobile_____	_____	**Work** _____	_____
Work_____	_____		

_____

Employer **Occupation (Position)**

Spouse (if applicable) ==========

_____

Last Name **First Name** **Relationship to Student**

_____

Address **City** **Zip**

User Telephone Number **User E-Mail Addresses**

	Primary		Primary
Home _____	_____	**Home** _____	_____
Mobile_____	_____	**Work** _____	_____
Work_____	_____		

_____

Employer **Occupation (Position)**

Family Group Information

Home Phone (Family)_____ **E-Mail (Family)**_____ (1st number school is to call) (Receive weekly school information)

Mailing Address: _____

Address City State Zip

Adult(s) with legal custody: _____

Student lives with* _____

***If student is living in a multiple household situation, please provide on a separate page the above information of each additional adult in the household(s)

Please check all that apply:

_____Parents Married _____Parents Separated/Divorced

_____ Single Parent Household _____Joint Custody

_____ Father Remarried _____ Mother Remarried

_____ _____

Signature of Parent/Legal Guardian Date