

SACRED HEART OF JESUS SCHOOL
2010-2011 PRE- K APPLICATION FOR ADMISSIONS

_____ Please check if oldest or only at Sacred Heart Social Security # _____
Civil Parish _____

Student's First Name _____ Middle Name _____ Last Name _____ Name Student Goes By _____

Please circle race of student: White, Black, Hispanic, American Indian, Asian, Multi racial

Date of Birth: Mo/Day/Yr _____ Birth City/State _____ Sex: _____

Birth Certificate Number _____ Religion of Student _____

Student Resides With _____ Relationship _____

Please complete if Catholic:

Baptism date _____ Church _____ City/State _____

Present Church parish family resides in _____

Present Church parish family registered in _____

Student's physician _____ Phone _____

Physical Disability: ___ Asthma ___ Seizures ___ Hearing Loss ___ Speech ___ Sight ___ Food Allergies ___ Other

Please explain any food allergies or other conditions _____

Has student been referred for any type of educational or psychological evaluation? ___ Yes ___ No

If yes, please specify _____

Is he/she on any medication? Yes ___ No ___ Name of Medication _____

Was your child previously enrolled in a pre-school? ___ Yes ___ No

Where? _____ How long? _____

Is your child completely potty trained? _____

Can your child tend to his/her own bathroom needs? _____

Can your child dress him/her own self? _____

Does your child take a nap, and for how long? _____

Brothers/Sisters (including half brothers and sisters):

<u>NAME</u>	<u>AGE</u>	<u>GRADE</u>	<u>SCHOOL ATTENDING</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did either parent attend Sacred Heart School? _____ If so,

Name _____

Year of Graduation _____

PRIMARY FAMILY INFORMATION

(Primary residence of student)

Address _____

City/State/Zip _____ Phone _____

(Circle one: Father, Stepfather, Guardian)
Name _____

(Circle one: Mother, Stepmother, Guardian)
Name _____

Religion _____

Maiden Name _____

Race _____

Religion _____

Education _____

Race _____

Occupation _____

Education _____

Employer _____

Occupation _____

Business Phone _____

Employer _____

Cell Phone _____

Business Phone _____

Email Address _____

Cell Phone _____

Email Address _____

Marital status of parents (pls. circle) Married, Widowed, Divorced, Joint Custody, Separated, Other
Person(s) responsible for tuition/cafeteria/other fees: _____

SPLIT FAMILY INFORMATION

(Secondary residence of student, if applicable)

Address _____

City/State/Zip _____ Phone _____

(Circle one: Father, Stepfather, Guardian)
Name _____

(Circle one: Mother, Stepmother, Guardian)
Name _____

Religion _____

Maiden Name _____

Race _____

Religion _____

Education _____

Race _____

Occupation _____

Education _____

Employer _____

Occupation _____

Business Phone _____

Employer _____

Cell Phone _____

Business Phone _____

Email Address _____

Cell Phone _____

Email Address _____

Marital status of parents (pls. circle) Married, Widowed, Divorced, Joint Custody, Separated, Other

Please list those schools to which you have applied in order of priority:

1st Choice _____

2nd Choice _____

3rd Choice _____

SIGNATURES:

Father's/Guardian's Signature

Mother's/Guardian's Signature

NOTE: Sacred Heart School admits students of any race, color, national or ethnic origin, and gender. In addition, Sacred Heart School has an established policy for students qualifying under Section 504, Title V. See Parent-Student Handbook or Information Packet for more information.