

SACRED HEART OF JESUS SCHOOL
2010-2011 APPLICATION FOR ADMISSIONS K-7

____ Grade applying for
____ 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 _____

First Eucharist 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 _____

List all schools student has attended:

<u>SCHOOL</u>	<u>GRADE</u>	<u>YEAR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the applicant been dismissed from any school? _____ Yes _____ No

Has the applicant been suspended from classes at any school? _____ Yes _____ No

If "yes" to either of these, please explain _____

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)	(Circle one: Mother, Stepmother, Guardian)
Name _____	Name _____
	Maiden Name _____
Religion _____	Religion _____
Race _____	Race _____
Education _____	Education _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Business Phone _____	Business Phone _____
Cell Phone _____	Cell Phone _____
Email Address _____	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)	(Circle one: Mother, Stepmother, Guardian)
Name _____	Name _____
	Maiden Name _____
Religion _____	Religion _____
Race _____	Race _____
Education _____	Education _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Business Phone _____	Business Phone _____
Cell Phone _____	Cell Phone _____
Email Address _____	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.