



Sacred Heart School

APPLICATION FOR ADMISSION TO GRADE: _____
\$50.00 Application Fee must accompany this application.

Child's Name _____ Gender _____
(last) (first) (middle)

Address _____

Phone _____ Birth Date _____ Place _____

Baptism Date _____ Church _____ City/State _____

First Communion Date _____ Church _____ City/State _____

Child lives with: Both parents _____ Mother _____ Father _____ Other _____

Father's Name _____
(last) (first) (middle)

Address _____

Phone # _____ Cell # _____ Email address _____

Employer _____ Occupation _____

Birthplace _____ Religion _____

Mother's Name _____
(last) (first) (middle)

Address _____

Phone # _____ Cell # _____ Email address _____

Employer _____ Occupation _____

Birthplace _____ Religion _____

Please circle the option that best represents your child's ethnic origin
(for the purpose of the annual Archdiocesan census):

Native American Filipino Asian/Pacific Islander AfricanAmerican/Black
Hispanic/Latino Multiracial White Other _____

Members of Sacred Heart Parish? _____ Envelope # _____

If not name of other parish _____

Does your child have any difficulties which might impede learning?

No _____ Yes _____ Explain _____

Describe any special health needs your child may have: _____

Public school that your child would attend _____

Please attach copies of the following or bring the originals to be copies:

Baptismal Certificate
Immunization Record
Standardized Test Scores

Official Birth Certificate
Most Recent Report Card