



SACRED HEART OF JESUS SCHOOL

2016-2017 APPLICATION FOR ADMISSIONS
PRE-KINDERGARTEN

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

MISSION STATEMENT

Steeped in Catholic tradition, Sacred Heart of Jesus School is a diverse community dedicated to educating the mind, body and spirit.

PHILOSOPHY

Sacred Heart is a community of faith, which shares in the teaching mission of Christ as proclaimed by the Catholic Church. Its primary purpose is to create an environment permeated with the Gospel spirit of love and freedom. Sacred Heart School provides a holistic approach to the development of each child's potential. The prominence of a religious atmosphere provides for the development of faith that is living, conscious and active.

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

Ethnicity: Is the student Hispanic/Latino? Yes No

Race: White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander

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

Birth Certificate Number _____ Religion of Student _____

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 and attach copy of the evaluation to application.

Is student on any medication? Yes No Name of medication _____

For office use: _____

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 self? _____

Does your child take a nap? If so, 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? Yes No If yes,

Name _____ Year of Graduation _____

PARENT COOPERATIVE STATEMENT

While Sacred Heart recognizes that there may be legitimate disputes concerning educational matters, SHS is ultimately responsible for the orderly operation of the school in the best interest of all students. Therefore, the school reserves the right to terminate its relationship with a student if his/her parents fail to provide the support, assistance, and example necessary for helping the school accomplish its role in the child's education.

Failure to abide by the policies, regulations, and procedures of the school handbook by either the student or his/her parent may result in the student's removal from the school.

Parents agree to pay the assigned tuition and fees as their share of the operating costs of the school.

Thank you for your application to Sacred Heart of Jesus School.

Parent Signature

Date

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.

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 _____

Email _____

Marital status of parents (Please 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 _____

Email _____

Marital status of parents (Please circle): Married Widowed Divorced Joint Custody Separated Other

Person(s) responsible for tuition/cafeteria/other fees: _____

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

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