

SACRED HEART SCHOOL APPLICATION

GRADES K-8 _____ (indicate grade)

PRE-K # OF DAYS _____ AM ONLY PRE-K # OF DAYS _____ FULL DAY

NURSERY # OF DAYS _____ AM ONLY

SIBLING ATTENDS SACRED HEART YES OR NO (circle)

STUDENT NAME _____
(last name) (first name) (middle name)

STUDENT ADDRESS _____
(number & street) (town & zip code)

COUNTRY/STATE OF BIRTH _____

HOME TELEPHONE _____ CELL NUMBER _____

DATE OF BIRTH _____ MALE _____ FEMALE _____

STUDENT RELIGION _____

CHURCH OF BAPTISM _____ Year _____

CHURCH OF RECONCILIATION _____ Year _____

CHURCH OF 1ST COMMUNION _____ Year _____

CHURCH OF CONFIRMATION _____ Year _____

APPLICATION CONTINUES ON REVERSE SIDE

FATHER'S NAME _____

FATHER'S ADDRESS (if different from above) _____

BIRTHPLACE _____ RELIGION _____

OCCUPATION _____ WORK NUMBER _____ CELL NUMBER _____

MOTHER'S NAME _____

MOTHER'S ADDRESS (if different from above) _____

BIRTHPLACE _____ RELIGION _____

OCCUPATION _____ WORK NUMBER _____ CELL NUMBER _____

ARE PARENTS' SEPARATED? _____ DIVORCED _____

LEGAL GUARDIAN'S NAME & RELATIONSHIP _____

LANGUAGE OF PUPIL _____ LANGUAGES SPOKEN AT HOME _____

PLEASE LIST SCHOOL (S) STUDENT PREVIOUSLY ATTENDED _____ GRADE & DATE ATTENDED _____
NAME OF SCHOOL _____ LOCATION _____

PARENT/GUARDIAN SIGNATURE _____

DATE OF APPLICATION _____