

APPLICATION for ADMISSIONS
2010- 2011

We need the following copies of Certificates for your child/children to be enrolled, Birth Certificate, Baptismal Certificate and Current Immunization Record.

Grade: _____
Age: _____

Student's Name: _____

Male: _____ Female: _____ Race _____ Birthday: ____/____/____
Mo. Day Year

Religion: _____ Parish: _____

Baptismal Date: ____/____/____ Holy Communion Date: ____/____/____
Month Year Month Year

Do child/children live with: _____ or _____?
Mother Father Both Guardian

Parent Information / Guardian information

Parent's Names: _____

Address: _____

Mailing Address: _____

City: _____ Zip Code: _____

Home phone: _____ Cell phone: _____ (Mother)

Cell phone: _____ (Father)

Mother Employer: _____ Work phone: _____

Father Employer: _____ Work phone: _____

Guardian Employer: _____ Work phone: _____

***Email Address:** _____

Religion: _____ Parish: _____

Is your child transferring from a public/parochial school? Yes _____ No _____

Name of School: _____

Address: _____ City: _____ State: _____ NM: _____

Date entered: _____ Date withdrawn: _____

Was your child enrolled in any special programs at the previous school? ____ Yes ____ No

Has our child ever had an IEP written for any educational or behavioral need? ____ Yes ____ No

If yes, please indicate the type of special program:

Why do you want your child/children to attend Sacred Heart Catholic School:

Parent/Guardian Signature

Date

PRE REG PD \$ _____ CHECK # _____ CASH _____ DATE _____

OFFICE USE ONLY

BIRTH CERTIFICATE _____

SHOT RECORD: ____ YES ____ NO

BAPTISMAL RECORD: ____ YES ____ NO

EMERGENCY RECORD ____ YES ____ NO

FIELD TRIP ____ YES ____ NO

VIRTUS TRAINING _____ WAS TOLD

CONTRACT ____ YES