

**SACRED HEART SCHOOL  
APPLICATION FOR TRANSITIONAL KINDERGARTEN (TK)  
2025–2026 School Year**

**TK APPLICANTS MUST BE 4 BY SEPTEMBER 1<sup>ST</sup>.**

Dear Parent, Please complete all of the information asked and return this form to the school office. Information regarding testing dates and applicable fees can be found on the accompanying paperwork.

**LAST NAME** \_\_\_\_\_

Registered in Sacred Heart Parish \_\_\_Yes \_\_\_No Date registered \_\_\_\_\_ Parish Envelope \_\_\_\_\_

**STUDENT INFORMATION**

Student's Last Name First Name Middle Name

Home Phone Number Sex (M/F) Birthplace/Date

Home Street Address City Zip Code

Child lives with : \_\_\_ Both Natural Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other: \_\_\_\_\_

Schools Previously Attended Grade(s) Street City/State/Zip Code Phone Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SACRAMENTAL INFORMATION**

Baptism Date Church & Street Address City State/Zip

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION**

*(Please note that if you are a legal guardian, cross out Father or Mother and write in "Legal Guardian".)*

Father's Last Name First Name Religion Occupation/Work Phone #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Marital Status \_\_\_Single \_\_\_Married \_\_\_Divorced \_\_\_Remarried Email Address: \_\_\_\_\_

Driver's License Verification: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

.....  
Mother's Last Name First Name Religion Occupation/Work Phone #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Marital Status \_\_\_Single \_\_\_Married \_\_\_Divorced \_\_\_Remarried Email Address: \_\_\_\_\_

Driver's License Verification: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

SACRED HEART SCHOOL  
**PARENT/GUARDIAN QUESTIONNAIRE**  
**2025-2026**

Child Applicant's Name \_\_\_\_\_  
Last First Nickname

Entering Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Present Age \_\_\_\_\_

Is your child potty-trained? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Religious Education Attendance: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Where? \_\_\_\_\_

Has your child attended Catholic school previously? \_\_\_\_\_ If so, how long attended? \_\_\_\_\_

**Previous School(s) Attended:** (If school attended was Catholic, please asterisk)

Name of School: _____	From _____	To _____
Name of School: _____	From _____	To _____
Name of School: _____	From _____	To _____

**Mother/Guardian** \_\_\_\_\_  
Last First Maiden Religion

**E-Mail:** \_\_\_\_\_

If name different from applicant's, what name is used? \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_  
Last First Maiden Religion

**E-Mail:** \_\_\_\_\_

If name different from applicant's, what name is used? \_\_\_\_\_

Who has legal custody of the applicant? \_\_\_\_\_

**Please check where applicable:**

Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Do you attend Mass regularly? \_\_\_\_\_

Are you a "registered parishioner" of Sacred Heart Church? (i.e. receiving envelopes/contributing regularly):

No \_\_\_\_ Yes \_\_\_\_ Envelope Number \_\_\_\_\_ Year Registered \_\_\_\_\_

Please indicate the parish in which you reside (not necessarily the parish where you are registered):

\_\_\_\_\_  
Name of Parish City

Have you been active in Sacred Heart Parish? \_\_\_\_ No \_\_\_\_ Yes (i.e., festival, religious education, youth ministry, etc.)  
If yes, in what capacity? \_\_\_\_\_

\_\_\_\_\_  
Do you belong to any parish groups or organizations? \_\_\_\_ No \_\_\_\_ Yes  
If yes, please list. \_\_\_\_\_

**OVER->**

How did you find out about Sacred Heart School? (Be specific, please) \_\_\_\_\_

Do you have other children applying for admission for the 2025-2026 school year? \_\_\_\_ Yes \_\_\_\_ No  
If so, please list below.

Name	Applying for Grade:
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_____	_____
_____	_____
_____	_____

Do you have other children currently enrolled in Sacred Heart School? \_\_\_\_ Yes \_\_\_\_ No  
If so, please list below.

Name	Grade in 2024-25 ( <u>current school year</u> )
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_____	_____
_____	_____
_____	_____

If you have more than one child applying, would you be willing to send only one child if we do not have room for the others?

\_\_\_\_\_

Are there any special circumstances of which we should be aware? (i.e. family situations, personal etc.)  
\_\_\_\_ Yes \_\_\_\_ No If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want your child to attend Sacred Heart School? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add any information, which might be pertinent in helping us evaluate this application. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other family background information which you would like to add? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any relatives that attend or have attended Sacred Heart School:

First and Last Name	Past or Present Student	Years attended	Relationship to Applicant
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____