## SACRED HEARTSCHOOL APPLICATION FOR GRADES 1-8 2025–2026 School Year

There is a September 1<sup>st</sup> cut-off for appropriate age at grades 1 and 2. No exceptions will be made. 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			APPLYING FO	(2025-26)		
Registered in Sacred Heart P	arishYes	No Date regist	eredParish Env	elope #	_	
	STU	JDENT INFOR	MATION			
Student's Last Name	ı	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	<del> </del>	e/Zip Code	Phone Number	
	SACRA	AMENTAL INF				
Baptism Date	Church & Street	t Address		city	State/Zip	
1 <sup>st</sup> Penance Date	Church & Street Address			City State/Z		
1 <sup>st</sup> Communion Date	Church & Street	t Address		City	State/Zip	
	FA	MILY INFORM	MATION			
(Please note that if you				and write in "Lega	al Guardian".)	
Father's Last Name	First Name	_		Occupation	/Work Phone #	
Home Address:						
Marital StatusSingleMar	riedDivorced	Remarried <b>E</b>	mail Address:			
Driver's License Verification:		exp:	Cell Phon	e Number:		
Mother's Last Name	First Name	Religion			/Work Phone #	
Home Address:				Home Phon	e#	
Marital StatusSingleMar	riedDivorced	Remarried <b>E</b>	mail Address: _			
Driver's License Verification:		exn.	Cell Phor	ne Number		

## SACRED HEART SCHOOL

## PARENT/GUARDIAN QUESTIONNAIRE 2025-2026

<b>Child Applicant's Nan</b>	ne					
	Last		First		Nicki	name
Entering Grade		Birth date			Present Age	
Religious Education A	Attendance:	Yes	No _			
If Yes, Where?						
Has your child attend	ed Catholic scho	ool previously?		_ If so, how long	attended? _	
Previous School(s)	Attended: (If s	chool attended	l was Catholic,	please asterisk)	)	
Name of School:				From _		_ To
Name of School:				F_rom		_ <u>T</u> o
Name of School:				From _		_ To
Mother/Guardian						
E-Mail:	Last	F	First	Maiden		Religion
If name different from a		ame is used? _				
Father/Guardian						
E-Mail:	Last	F	First	Maiden		Religion
If name different from a	applicant's, what n	ame is used? _				
Who has legal custody	of the applicant?					
Please check where a	pplicable:					
Catholic	Non-C	atholic	Do you	u attend Mass reg	jularly?	
Are you a "registered po NoYes Enve	arishioner" of Sac elope Number	redHeartChurch	n? (i.e. receiving _ Year Registere	envelopes/contri ed	buting regularly	<b>y</b> ):
Please indicate the part	ish in which you r	eside (not nece	ssarily the parish	where you are re	egistered):	
Name of Parish			City			
Have you been active in If yes, in what capacity'	n Sacred Heart Pa ?	arish?No _	Yes (i.e., festi	ival, religious edu	cation, youth m	ninistry, etc.)
Do you belong to any p	arish groups or o	rganizations?	No Yes			
If yes, please list.	sii gi saps oi oi					

How did you find out about	SacredHeartSchool	?(Be spec	ific, please)		<del></del>
Do you have other children If so, please list below.	applying for admiss	ion for the	2025-2026 school ye	ear? Yes _	No
Name	Applying f	or Grade:			
Do you have other children If so, please list below.	currently enrolled in	sacredHe	eartSchool?Yes	No	
Name 	Grade in 2024-25	(current so	chool year)		
If you have more than one of for the others?	child applying, would	d you be w	illing to send only on	e child if we do r	not have room
Are there any special circur Yes No If yes, p	lease describe:		pe aware? (i.e. famil		·
Why do you want your child	to attend SacredHe	eartSchool	?		
Please add any information	, which might be pe	rtinent in h	elping us evaluate th	is application	
Any other family backgroun	d information which	you would	l like to add?		
Please list any relatives tha	t attend or have atte	ended Sac	redHeartSchool:		
First and Last Name	Past or Present S	Student	Years attended	Relationship	to Applicant