SACRED HEART SCHOOL APPLICATION FOR TRANSITIONAL KINDERGARTEN (TK) 2021–2022 School Year

TK APPLICANTS MUST BE 4 BY SEPTEMBER 1ST.

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 P	arishYesN	No Date registe	red	_Parish Envelo	оре
	STUE		IATION		
Student's Last Name	First Name			Middle Name	
Home Phone Number	Sex (M/F)			Birthplace/Date	
Home Street Address	Ci		Zip Code		
Child lives with : Both	Natural Parents	Mother	_ Father O	ther:	
Schools Previously Attended	Grade(s)			City/State/Zip Code	
	SACRAI	MENTAL INFO			
Baptism Date	Church & Street Address		City		State/Zip
(Dianan note that if you				urito in fil onol	Quardian")
(Please note that if you		n, cross out Fat	ner or Mother and V	write in "Legai	Guardian".)
Father's Last Name	First Name	Religion		Occupation/W	/ork Phone #
Home Address:				Home Phone	#
Marital StatusSingleMa	rriedDivorcedF	Remarried Err	ail Address:		
Cell Phone Number:					
Mother's Last Name	First Name	Religion		Occupation/M	/ork Phone #
Home Address:				Home Phone	#
Marital StatusSingleMa	riedDivorcedF	Remarried Err	ail Address:		
Cell Phone Number:					

SACRED HEART SCHOOL

PARENT/GUARDIAN QUESTIONNAIRE

2021-2022

Child Applicant's Name	Last				
	Last		irst	Nickname	
Entering Grade	Birthdat	e	Prese	ent Age	
Is your child potty-trained	l? If yes,	for how long? _			
Religious Education Atter	ndance: Yes		No		
If Yes, Where?					
Has your child attended Catholic school previously?			If so, how long attended?		
Previous School(s) Atte	ended: (If school atte	ended was Catho	olic, please asterisk)		
			From		
Name of School: Name of School:			From From	To To	
Mother/Guardian					
La E-Mail :	st	First	Maiden	Religion	
Father/GuardianLa	st	First	Maiden	Religion	
E-Mail:					
If name different from applie	cant's, what name is us	ed?			
Who has legal custody of th	ne applicant?				
Please check where appli	cable:				
Catholic	Non-Catholic	Do	o you attend Mass regularly?	?	
			eiving envelopes/contributing		
No <u>Yes</u> Envelope	e Number	Year Regi	stered	_	
Please indicate the parish in	n which you reside (not	necessarily the pa	arish where you are registere	ed):	
Name of Dariah		<u>Citu</u>			
Name of Parish		City			
			festival, religious education		
Do you belong to any parisl If yes, please list.	n groups or organizatior	ns?No Ye	S		

How did you find out about Sa	cred Heart School? (Be sp	pecific, please)				
Do you have other children ap If so, please list below.	plying for admission for the	e 2021-2022 school y	ear? YesNo			
Name	Applying for Grade:	Applying for Grade:				
Do you have other children cu If so, please list below.	rrently enrolled in Sacred F	leart School?Ye	sNo			
Name	Grade in 2020-21 (<u>d</u>	current school year)				
If you have more than one chil for the others?	d applying, would you be v	villing to send only on	e child if we do not have room			
Are there any special circumst YesNo If yes, plea	ase describe:		y situations, personal etc.)			
Why do you want your child to	attend Sacred Heart Scho	ol?				
Please add any information, w	hich might be pertinent in l	nelping us evaluate th	is application.			
Any other family background i	nformation which you woul	d like to add?				
Please list any relatives that a	ttend or have attended Sac	cred Heart School:				
First and Last Name	Past or Present Student	Years attended	Relationship to Applicant			