



Sacred Heart Catholic School
112 Second Ave. SE Cullman, AL 35055
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NEW STUDENT ADMISSION APPLICATION

STUDENT INFORMATION

Student's Name: Last _____ First _____ Middle _____

Male: ____ Female: ____ Grade Placement: ____ Age on or before Sept. 1: ____ New Family: ____ Returning Family: ____

Address: _____ City _____ State _____ Zip _____

Date of Birth: ____/____/____ Place of Birth: City/St. _____ Home Phone Number: _____

Number of Siblings: Brothers: Younger ____ Older ____ Sisters: Younger ____ Older ____

Language spoken at home: _____ Can your child speak English? Yes or No

Student's Religion: _____

	Year	Church	City	State
Baptism				
First Reconciliation				
First Communion				

School currently/previously attended before applying to Sacred Heart: _____

Contact Number: _____ During the application process, I grant administration permission to obtain necessary school records for admittance. Parent/Guardian initial: _____

FAMILY INFORMATION

Are you a current School Family? Yes ____ No ____

Are you requesting parishioner tuition rate? Yes ____ No ____

Student lives with: _____

Parent's Status: _____

Father's Name:	Mother's Name:
Address	Address:
City: State: Zip:	City: State: Zip:
Occupation:	Occupation:
Business Name:	Business Name:
Business Number:	Business Number:
Personal Cell Number:	Personal Cell Number:
Religion:	Religion:
Church Registered:	Church registered:
Email:	Email:

Name & cell number of Guardian/Stepparent (if applicable): _____

ADDITIONAL STUDENT INFORMATION REQUIRED

Does your child have any health problems-physical/emotional e.g. Diabetes, ADD or ADHD, Allergies, etc.?

Yes ___ No ___ If yes, please explain _____

Is your child on any medication? Yes ___ No ___ If so name of medications: _____

Does your child have a current Alabama State Certificate of Immunization? Yes ___ No ___ (State Religious not accepted)

Are there any situations or pertinent information, which we should know in order to further understand your child?

E.G. custodial rights, visitation rights, child has been in/out of counseling, etc. _____

Special Abilities: _____ Special Needs: _____

Has your child been tested for Special Education Services? Yes ___ No ___ If yes, what age? _____

If yes, does your child receive any services at this time? Yes ___ No ___ If yes, what service: _____

Has your child been evaluated for learning or attention problems? Yes ___ No ___ If yes, what age? _____

Will you be willing to release a copy of the evaluation? Yes ___ No ___

FINANCIAL OBLIGATION

Person(s) responsible for financial payments:

1) Name:	2) Name:
Address:	Address:
Email:	Email:
Cell Number:	Cell Number:
Additional Financial Information:	Addition Financial Information:

POLICIES OF THE CATHOLIC SCHOOLS DIOCESES OF BIRMINGHAM IN ALABAMA

Application for registration implies good will in the part of parents in complying with the philosophy and regulations of Catholic Schools, Diocese of Birmingham, Al. (see Handbook of Policies).

“Every Catholic elementary and secondary school in the school system of the Diocese of Birmingham admits students without regard to sex, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the schools. Schools do not discriminate on the basis of sex, race, color, national and ethnic origin in its employment practices, administration of educational policies, admission and treatment of students, scholarships and loan program, an athletic and other school administered programs.”

****It is also our right and duty to decline the application of students who do not meet our standards of achievement and behavior, Grounds for expulsion include, but are not limited to, possession or use of alcohol, drugs, weapons, or other serious misconduct.**

****All new students must present previous report card or records and present birth or baptismal record for proof of age.**

****Children entering kindergarten must be five years of age by Sept. 1st of this year. Children entering first grade must be six years of age by Sept 1st of this year. Proof of age must be present at time of application and is subject to verification.**

****All students are required to participate in religion class and any specified religious activities or services.**

****Any information in this form which is late found to be erroneous could be cause for nullification of registration or immediate dismissal of student.**

Reason for applying: _____

Referred by: _____

OFFICE USE ONLY

App. Received: ___ Copy Baptism: ___
Copy SS Card ___ Copy of Birth Cert. ___
IMM Form: ___ Transcript: ___

Signature of Parent/Guardian

Date