



43-775 Deep Canyon Road  
Palm Desert, CA 92260  
Phone: (760) 346-3513  
FAX: (760) 773-0673

**2025 – 2026  
NEW STUDENT  
PRELIMINARY APPLICATION  
FOR ADMISSION  
Fee \$50, due upon application**

**Circle Grade Student will be Entering in August 2025**

**K 1 2 3 4 5 6 7 8**

**PLEASE PRINT:** Please fill out a separate form for each child.

Name \_\_\_\_\_ M F *K students must be 5 years by 9-1-25  
1<sup>st</sup> grade students must be 6 years by 9-1-25*  
Date of Birth \_\_\_\_\_

**FAMILY INFORMATION**

**Father's Name:** \_\_\_\_\_ Religion \_\_\_\_\_  
Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_  
Occupation \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Religion \_\_\_\_\_  
Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_  
Occupation \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Please check where appropriate:**  Lives with both parents  Lives with Mother  Lives with Father

**Language spoken in the home:** \_\_\_\_\_

**SCHOOL INFORMATION:**

Are you an alumnus of Sacred Heart School?  Yes  No

Do you currently have friends/relatives' children enrolled at Sacred Heart School?  Yes  No

**STUDENT INFORMATION:**

Name of Present School \_\_\_\_\_ Grade in 2024-25: \_\_\_\_\_

School Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Does/or has your student have/had an IEP or need Special Education Services? \_\_\_\_ Yes \_\_\_\_ No  
(speech, counseling, occupational therapy, etc.)

If Yes, please specify: \_\_\_\_\_

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

**PARISH INFORMATION:**

Name of current Parish which you attend? \_\_\_\_\_ City & State: \_\_\_\_\_

Is your child currently enrolled in CCD classes? No \_\_\_\_ Yes \_\_\_\_ If yes, name of Church: \_\_\_\_\_

Are you practicing Catholics? \_\_\_\_ Yes \_\_\_\_ No

**SACRAMENTAL INFORMATION:**

Religion of child: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Baptism Date / Name of Church / City & State

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of First Reconciliation / Name of Church / City & State

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of First Communion / Name of Church / City & State

**SPECIAL NOTES:**

1. **Please provide a copy of your child's birth and baptismal certificates.** If your child is entering Grades 3-8, please provide a copy of their First Holy Communion Certificate, if applicable.
2. **Please provide a copy of your child's current immunization record.**
3. Please provide a copy of the student's **two most recent report cards and the most recent testing scores.**
4. Please provide information regarding any academic or physical accommodations which may be needed for your child to succeed in the classroom, if applicable. Attach information/call for an appointment with school administration upon application.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE US ONLY**

Date: _____	Fee Paid: _____	Check # _____	Cash	CC
Birth Certificate	Immunizations	Sacraments	Report Card	Teacher Rec.