

2026-2027 NEW STUDENT APPLICATION FOR ADMISSION

STUDENT INFORMATION			
Name	Date of Birth		
Gender: M F			
<u> </u>	nts must be 5 years by 9-1-26 e students must be 6 years by 9-1-26		
FAMILY INFORMATION			
Father's Name	Religion		
Home Address	City/Zip		
Home Phone Cell Number	Work Number		
Occupation E-Mail Address			
Are you an alumni of Sacred Heart School? Yes No			
Mother's Name	Religion		
Home Address	City/Zip		
Home Phone Cell Number	Work Number		
Occupation E-Mail Address			
Are you an alumni of Sacred Heart School? Yes No	Maiden Name:		
Please check where appropriate: Lives with both parents	Lives with MotherLives with Father		
Language spoken in the home:			
Please list additional children applying for admission:	Gender Grade in 25-26 (PS-7 th)		
1	M F		
2	M F		

SCHOOL INFORMATION:

Name of Present School			Grade	Grade in 2025-26	
School Address					
City, State, Zip	y, State, Zip Phone Number ()				
	ent have/had an IEP or neech, counseling, occupa	eed Special Education S tional therapy, etc.)	services?Yes _	No	
If Yes, please specify:					
SACRAMENTAL INF	FORMATION:				
Religion of child					
	//	/		City & State	
Baptism Date				•	
Date of First Reconcilia			City & State		
Date of First Communic	on Name of Ch	Name of Church		City & State	
 include a First I Please provide Please submit of scores. If your child recorded relevant inform A non-refundation 	Holy Communion certific your child's current immo copies of your child's two quires any academic or p ation and/or schedule a able \$50 application fee	• •	ds and their most recent s, please provide documeninistration at the time of on.	standardized testing entation. Attach any application.	
FOR OFFICE US ONLY					
Date:	Fee Paid:	Check #	Cash	CC	
Birth Certificate	Immunizations	Sacraments	Report Card	Teacher Rec.	