



2026-2027
NEW STUDENT APPLICATION FOR ADMISSION

STUDENT INFORMATION

Name _____ Date of Birth _____

Gender: M F

Grade student will be in August 2026 _____

K students must be 5 years by 9-1-26

1st grade 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 Mother ___ Lives with Father

Language spoken in the home: _____

Please list additional children applying for admission:

Gender

Grade in 25-26 (PS-7th)

1. _____ M F _____

2. _____ M F _____

3. _____ M F _____

SCHOOL INFORMATION:

Name of Present School _____ Grade in 2025-26 _____

School Address _____

City, State, Zip _____ Phone Number (____) _____

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

If Yes, please specify: _____

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

NOTES:

- Please submit a copy of your child’s birth and baptismal certificates. Students entering Grades 3–8 should also include a First Holy Communion certificate, if applicable.
- Please provide your child’s current immunization record.
- Please submit copies of your child’s two most recent report cards and their most recent standardized testing scores.
- If your child requires any academic or physical accommodations, please provide documentation. Attach any relevant information and/or schedule a meeting with school administration at the time of application.
- **A non-refundable \$50 application fee is due upon submission.**

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

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