



**SACRED HEART GRADE SCHOOL
APPLICATION FOR ADMISSION
2018 – 2019 SCHOOL YEAR
NEW STUDENT**

**FOR OFFICE USE ONLY
DO NOT WRITE IN THIS SPACE**

DATE CHECK RECEIVED: ___/___/___

TIME RECEIVED _____

SH CERTIFICATE ATTACHED: YES NO

SENT TO BILLING OFFICE: ___/___/___

Application Instructions

1. ___ Complete all sections of this form as indicated.
2. ___ Attach **\$25.00 non-refundable application fee**. (Upon acceptance, a **non-refundable \$100.00 intent fee** will be required.)
3. ___ **Sacred Heart parishioners only: Complete the attached certificate of active membership for the new school year.**
4. ___ **Email address and parent signature required for billing: Section C**
5. ___ Enclose baptismal certificate (Catholic only).
6. ___ Enclose state birth certificate from vital statistics registration office.
7. ___ Enclose immunization records.
8. ___ Enclose school records & test scores.

Return form to: Sacred Heart Grade School
1035 Quarrier Street
Charleston, WV 25301

APPLYING FOR GRADE:

___ TINY HEARTS (2 year olds)*

___ ECE (3 year olds) ___ PRE-K (4 year olds)

___ KINDERGARTEN ___ FIRST GRADE

___ SECOND GRADE ___ THIRD GRADE

___ FOURTH GRADE ___ FIFTH GRADE

***For TINY HEARTS**

Indicate days to attend & half or full day program

Tues/Thurs _____

Mon,Wed, Fri _____

Mon-Fri _____

Please note: Effective for the 2018-2019 school year, July 1 is the date students must turn: 2 years old for Tiny Hearts, 3 years old for the ECE program and 4 years old for the Pre K program. Effective for the 2019-2020 school year, kindergarten students must turn 5 years old by July 1.

STUDENT INFORMATION (Please Print Clearly)

NAME: Last: _____ First: _____ Middle: _____ Nickname: _____

Street: _____ City: _____ State: _____ ZIP: _____

Date of Birth: ___/___/___ Current Age: _____ Gender: ___ M ___ F Home Phone: _____

Public elementary school in your area: _____ School currently attending: _____

In the case of **separation** or **divorce**, please indicate: **A) Name of the court-appointed custodial parent or guardian:** _____

B) Student resides with: ___ Shared Custody ___ Mother ___ Father ___ Other: Name: _____ Relationship: _____

PARENT/GUARDIAN INFORMATION (Please Print Clearly) Please list **step-parent** information on a **separate** sheet of paper.

Parent/Guardian 1

NAME: Last: _____ First: _____ MI: _____ Title: _____

Nickname: _____ Marital Status: _____ Religious Faith: ___ Catholic ___ Other Christian ___ Other

Street: _____ City: _____ State: _____ ZIP: _____

Employer: _____ Position: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Parent/Guardian 2

NAME: Last: _____ First: _____ MI: _____ Title: _____

Nickname: _____ Marital Status: _____ Religious Faith: ___ Catholic ___ Other Christian ___ Other

Street: _____ City: _____ State: _____ ZIP: _____

Employer: _____ Position: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

TURN OVER

SECTION A (To be completed for all students)

RELIGIOUS AFFILIATION

Religious Faith: ___Catholic ___Other Christian ___Other

In which parish/church/synagogue is your family registered: _____

SCHOOL HISTORY

Date	Grades	Previous School Attended

STUDENT / FAMILY DATA

Is there anything special we should know about your child? (talents, interests, etc.) ___Yes ___No

If yes, please give details: _____

Are there any aspects of your child's family life or physical / emotional history which may have affected his/her academic or personal progress? If so, please explain and forward a copy of all test results, recommendations, and information on related medication.

Does your child currently have any special academic, emotional, or physical needs? ___Yes ___No

Please give specifics: _____

How are these needs being addressed currently: _____

Name(s) of siblings currently or previously enrolled in SHGS: _____

Name(s) of siblings attending or who have attended CCHS: _____

Name(s) and ages of siblings: _____

SECTION B (To be completed for NEW CATHOLIC students only)

SACRAMENTAL RECORDS (Copies of certificates required)

Date	Church name and location
Baptism	
Eucharist	

SECTION C (To be completed for all students)

Tuition will be paid by (name): _____

Billing email address (REQUIRED) _____

I affirm that all the information in the application packet is complete and accurate.

Signature of parent or guardian: _____

Date: ___/___/___

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Birth certificate ___/___/___	<u>Status</u>	<u>Notification to Parents</u>
Baptismal certificate ___/___/___	Accepted ___/___/___	Acceptance: ___/___/___
Immunization records ___/___/___	Wait list: ___/___/___	Waiting list: ___/___/___
Education records received: ___/___/___	Provisional: ___/___/___	Not accepted: ___/___/___

