



**SACRED HEART GRADE SCHOOL**  
**APPLICATION FOR ADMISSION**  
**2019 – 2020 SCHOOL YEAR**  
**NEW STUDENT**

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

DATE CHECK RECEIVED: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Check# \_\_\_\_\_ Cash \_\_\_\_\_  
 TIME RECEIVED \_\_\_\_\_  
 SENT TO BILLING OFFICE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 SH Certificate attached:    yes            no

**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 certificate of active membership for the new school year. (Contact school or rectory to request certificate.)
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**  
 \_\_\_\_\_ **1<sup>st</sup> grade**                            \_\_\_\_\_ **2<sup>nd</sup> grade**  
 \_\_\_\_\_ **3<sup>r</sup> grade**                            \_\_\_\_\_ **4<sup>th</sup> grade**  
 \_\_\_\_\_ **5<sup>th</sup> grade**

**\*For Tiny Hearts**  
**Indicate days to attend & half or full day program**

Tues/Thurs                            \_\_\_\_\_  
 Mon/Wed/Fri                        \_\_\_\_\_  
 Mon-Fri                                \_\_\_\_\_

**Please note: 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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	Status	Notification to Parents
Birth certificate: ___/___/___	Accepted: ___/___/___	Acceptance: ___/___/___
Baptismal certificate: ___/___/___	Wait list: ___/___/___	Waiting list: ___/___/___
Immunization records: ___/___/___	Provisional: ___/___/___	Not accepted: ___/___/___
Education records received: ___/___/___		

