



SACRED HEART GRADE SCHOOL
APPLICATION FOR ADMISSION
2021 – 2022 SCHOOL YEAR
NEW STUDENT-Parishioner

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

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

Applying for grade:

___ **Tiny Hearts (2 year olds)** ___ **ECE (3 year olds)**
 ___ **Pre-K (4 year olds)** ___ **Kindergarten**
 ___ **1st grade** ___ **2nd grade**
 ___ **3^r grade** ___ **4th grade**
 ___ **5th 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. 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: _____
 Street: _____ City: _____ Zip: _____ Email: _____
 Employer: _____ Position: _____
 Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Parent/Guardian 2

NAME: Last: _____ First: _____ MI: _____ Title: _____
 Nickname: _____ Marital Status: _____ Religious Faith: _____
 Street: _____ City: _____ Zip: _____ Email: _____
 Employer: _____ Position: _____
 Home Phone: _____ Mobile Phone: _____ Work Phone: _____

TURN OVER

SECTION A (To be completed for all students)

RELIGIOUS AFFILIATION

Religious Faith: _____

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: ___ / ___ / ___

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Birth certificate ___/___/___

Baptismal certificate ___/___/___

Immunization records ___/___/___

Education records received: ___/___/___

Status

Accepted ___/___/___

Wait list: ___/___/___

Provisional: ___/___/___

Notification to Parents

Acceptance: ___/___/___

Waiting list: ___/___/___

Not accepted: ___/___/___

