

SACRED HEART PARISH SCHOOL
APPLICATION FOR ENROLLMENT (Transitional Kindergarten - 8th Grade)
 856 – 39th STREET, SACRAMENTO, CA. 95816
PHONE: (916) 456-1576 **FAX:** (916) 456-4773 **WEBSITE:** www.sacredheartschool.net

STUDENT INFORMATION ~~~~~	STUDENT NAME (LAST, FIRST, MIDDLE)	DATE	GRADE IN AUG/SEPT.	YEAR
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DATE OF BIRTH ~~~~~	MO.	DAY	YEAR	VERIFICATION (office use only)	BIRTHPLACE - CITY	STATE OR COUNTRY
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STREET ADDRESS	CITY	ZIP	TELEPHONE	PARISH YOU ATTEND & SUPPORT
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SCHOOL NOW ATTENDING: ~~~~~	NAME	ADDRESS
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PARENT INFORMATION	FATHER	MOTHER (MAIDEN NAME)	GUARDIAN
FULL NAME			
PARENT EMAIL ADDRESSES			
PLACE OF BIRTH			
RELIGION			
OCCUPATION/WORK PHONE #			
HOME CONDITION (Please √ One)	() Parents Married () Parents Separated () Parents Divorced () Parent Deceased		

REFERRED BY or ALUMNI NAME/RELATIONSHIP _____ **EXTENSION PROGRAM DESIRED:** YES NO

STUDENT SACRAMENTS	BAPTISM	EUCCHARIST	RECONCILIATION	CONFIRMATION
DATE RECEIVED				
CHURCH				
CITY/STATE				
VERIFIED BY (office)				

OFFICE USE ONLY

REPORT CARD [] VACCINATION RECORD [] COMPLETE [] TEST DATE: _____ FEE: _____

NEW FAMILY: YES NO SIBLINGS: _____ READING SCORE: _____ MATH SCORE: _____ ACCEPTED: _____ W/L: _____

TO COMPLETE THE APPLICATION PROCESS YOU MUST ATTACH A COPY OF THE FOLLOWING DOCUMENTS TO THIS APPLICATION: BIRTH CERTIFICATE, BAPTISM CERTIFICATE, CURRENT VACCINATION RECORD, COPY OF CURRENT YEAR AND PREVIOUS YEAR'S REPORT CARDS AND STANDARDIZED TEST SCORES.