



# Sacred Heart School

Where JESUS is the HEART of everything we do.

## Application for Admission

### Student Information

Child's full name \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Place of birth \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_

### Parent Information

Father's information:

Mother's information:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cellular: \_\_\_\_\_

Cellular: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work hone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

If different from above, please provide:

If different from above, please provide:

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## Family Profile

With whom do the child(ren) live?

Both parents together    Both parents separately  
 Mother    Father    Guardian/other

If parents are not married:

Who has primary custody of the child(ren)?

both parents    Mother    Father    Guardian/other

Who is responsible for school bills?

both parents    Mother    Father    Guardian/other

Who receives report cards?

both parents    Mother    Father    Guardian/other

Who is responsible for making school-related decisions?

both parents    Mother    Father    Guardian/other

Who should receive general school-related information?

both parents    Mother    Father    Guardian/other

Race or ethnicity:

African American    Asian    Caucasian  
 Hispanic    Native American    Multiracial

Primary language spoken at home: \_\_\_\_\_

## Authorized Adults and Emergency Contacts

Please list the adults authorized to pick your child up from school:

Name:

Telephone number:

_____	_____
_____	_____
_____	_____

Whom should we contact in case you are unable to be reached in an emergency?

Name:

Telephone number:

_____	_____
_____	_____
_____	_____

## Parish Information

Our family is:

- Catholic, registered as parishioners at Sacred Heart Church in Groton.
- Catholic, registered as parishioners at Our Lady of Lourdes or St. Mary, Mother of the Redeemer
- Catholic, registered as parishioners at \_\_\_\_\_.
- Catholic, not registered at any parish.
- non-Catholic

I would like my child to make First Holy Communion at Sacred Heart during the upcoming academic year.

We must have a copy of your child's baptismal certificate on file before the start of school. If your child has not been baptized, you will need to make arrangements with the Director of Faith Formation, [dre@sacredheartgroton.org](mailto:dre@sacredheartgroton.org).

## Acknowledgements

I understand that the enrollment fee of \$350 is due upon registration and is non-refundable.

I understand that tuition must be paid via FACTS Tuition Management Company. All families will receive an email from FACTS containing an online registration invitation.

I understand that the Parish affiliation rate will be applied once Sacred Heart School receives the parish affiliation form signed by the pastor of my church.

I understand that all academic and medical records for my child must be received by Sacred Heart School prior my child's admission and attendance.

I understand that if I withdraw my child from Sacred Heart School after the academic year has started, any tuition refund will be at the discretion of the principal.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Special Services

### R.I.S.E.N. Learning Resource Center

Child's name: \_\_\_\_\_

The R.I.S.E.N. Learning Resource Center provides both enrichment and remediation to Sacred Heart students. All appropriate documentation must be in place before services can be implemented.

My child has been in a special program for gifted/talented students at a previous school.

School: \_\_\_\_\_ Grades: \_\_\_\_\_

Type of program: \_\_\_\_\_

My child has an IEP from a previous school and receives assistance.

School: \_\_\_\_\_ Grades: \_\_\_\_\_

Type of program: \_\_\_\_\_

Services received: \_\_\_\_\_

My child has a 504 plan from a previous school and receives assistance.

School: \_\_\_\_\_ Grades: \_\_\_\_\_

Type of program: \_\_\_\_\_

Type of accommodation: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Parish Affiliation

To be completed by parents:

Parish name: \_\_\_\_\_ Envelope number: \_\_\_\_\_

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_

Children attending parochial school:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

To be completed by the pastor:

The individuals listed above are members of my parish. I am aware of the diocesan subsidy policy for each child attending a parochial school at another parish.

Our parish will pay a total of \_\_\_\_\_ (\$1000 per child) for the child(ren) listed above.

Pastor's signature: \_\_\_\_\_

Parish: \_\_\_\_\_

Address: \_\_\_\_\_