

**SAINT AGNES- SACRED HEART SCHOOL  
APPLICATION FOR NEW ADMISSION  
2009-2010**

Please fill in all information and print. Retain a copy for your records.

\$100.00 non-refundable fee is required for admission. Thank You!

Pre-K 3-Day Half \_\_\_ Full \_\_\_  
Pre-K 5-Day Half \_\_\_ Full \_\_\_  
Kdg. 5-Day Half \_\_\_ Full \_\_\_

Date \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Religion \_\_\_\_\_ Race \_\_\_\_\_

Parish \_\_\_\_\_ Public School District \_\_\_\_\_

**PARENT'S INFORMATION**

**FATHER**

**MOTHER**

First Name \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Country of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widow/er

Student resides with: \_\_\_\_\_ Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other [see custody]

**I acknowledge that I have received a copy of Saint Agnes-Sacred Heart School's:**

2009-2010 Admission Policy      2009-2010 Tuition Policy  
2009-2010 School Handbook      2009-2010 Tuition Rates      Initials \_\_\_\_\_

Office use only

\_\_\_\_\_ Birth Certificate \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_ Immunization Record

Fee received by: \_\_\_\_\_ Amount: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

Parish Approval by: \_\_\_\_\_ Date \_\_\_\_\_

Letter of Acceptance Sent: \_\_\_\_\_ Date \_\_\_\_\_

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**SACRAMENTAL INFORMATION**

**Baptism:** Date \_\_\_\_\_ Church \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

**Reconciliation:** Date \_\_\_\_\_ Church \_\_\_\_\_

**First Communion:** Date \_\_\_\_\_ Church \_\_\_\_\_

**Confirmation:** Date \_\_\_\_\_ Church \_\_\_\_\_

**SCHOOL INFORMATION**

Name of Previous School \_\_\_\_\_

Address \_\_\_\_\_

**MEDICAL INFORMATION**

Special Medical Information \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**FAMILY INFORMATION**

List the names, ages and schools of all children in the family:

Name (First/Last)	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Custody \_\_\_\_\_

Name of Step-parent/Guardian \_\_\_\_\_

If other, please explain completely giving names and relationships.

**Addendum:** In an effort to acknowledge the rights of parents with regard to access of information, we ask that you submit any court documentation that substantiates your legal status as it relates to the child being enrolled in Saint Agnes-Sacred Heart School.

\_\_\_\_\_  
Signature of Custodial Parent \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** The above documents must be submitted to the school as soon as possible, so that your application may be processed. If this Addendum does not apply, check not applicable, date and sign.

\_\_\_\_\_ Not Applicable

Signature \_\_\_\_\_ Date \_\_\_\_\_