

**SAINT AGNES-SACRED HEART SCHOOL
APPLICATION FOR RE-ADMISSION
2010-2011**

Please fill in and print all information. Retain a copy for your records.
\$ 100.00 non-refundable registration fee required for admission 2010-2011. Thank You!

Date _____ Parish _____

Last Name _____

Address _____ County _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

E-mail Address _____

List the names of all current Saint Agnes-Sacred Heart Students who are re-applying for the next school year.

NAME	GRADE 2010-2011	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following students will not be attending Saint-Agnes-Sacred Heart School for the next school year.

NAME	GRADE 2009-2010
_____	_____
_____	_____

I acknowledge that I have viewed/received a copy of Saint Agnes-Sacred Heart School's (available on the website www.sashschool.com):

2010-2011 Admission Policy 2010-2011 Tuition Policy
School Handbook 2010-2011 Tuition Rates Initials _____

For Office Use Only

Fee received by: _____ Amount: _____ Check #: _____ Cash _____ Date _____

Parish Approval by _____ Date _____

Letter of Acceptance Sent _____ Date _____