



Sacred Heart of Jesus School and Early Learning Center

Application for Admission 2017 - 2018

Family Last Name (s) _____

FAMILY DATA

Father/Stepfather/Guardian _____

Home address _____
City State Zip

Telephone () _____ () _____ E-mail _____
Home Cell

Occupation / Title _____ Business Name _____

Religion _____ Business Address/Phone _____

Mother/Stepmother/Guardian _____

Home address _____
City State Zip

Telephone () _____ () _____ E-mail _____
Home Cell

Occupation / Title _____ Business Name _____

Religion _____ Business Address/Phone _____

Student lives with: Mother Father Both Other _____

Name of Current Parish: _____ Date Registered _____ Parish Envelope #: _____

STUDENT DATA: EARLY LEARNING CENTER - 8TH GRADE

Student(s) Legal Name	Birth Date <small>See A on pg 3</small>	Grade in 2017-18	Male/Female	Ethnicity <small>See B on pg 3</small>	Race <small>See B on pg 3</small>	Religion <small>See B on pg 3</small>

IF YOU ARE ENROLLING AN EARLY LEARNING CENTER STUDENT- CHOOSE YOUR STUDENT'S SCHEDULE

Student(s) Name	8:00 AM to 12:00 PM	8:00 AM to 3:00 PM	8:00 AM to 6:00 PM	Number of days per week 2, 3, 4 or 5	Choose days: M,T,W,T,F	Classroom <small>See C on Pg 3</small>

School presently or last attended _____

School address _____
City State Zip

School phone number () _____

Reason for withdrawing from present school _____

Does your student have special needs or accommodations?

Is your student receiving exceptional education services (i.e. Gifted, Specific Learning Disabilities, Other)

If yes, please include copies of the current I.E.P., academic evaluations, or psycho-educational testing.

Has the student ever been dismissed or expelled from school? _____

Why is a Catholic Education important to your family? _____

Please describe how your family has contributed time, talent and treasure to your parish. _____

Attach to this form any additional information/letters which you believe will support your application

Fill out application completely. Incomplete forms will be returned for completion.

Please read carefully the following requirements:

- A. Your child must be 5 years old on or before 10/1/2017 to enter Kindergarten and 6 years old on or before 10/1/2017 to enter Grade 1.
- B. As part of our NCEA affiliation and NCA accreditation, we must report enrollment information for the entire school. Please include the following category breakdowns:
- 1) For ethnicity use: a) Non-Hispanic/Latino b) Hispanic/Latino
 - 2) For race use: a) Native American b) Asian c) African American
d) Native Hawaiian/Pacific Islander e)White.
 - 3) For religious affiliation use: a) Catholic b) non-practicing Catholic c) non-Catholic
- C. Please indicate your child's classroom level by age:
- EPS – Early Preschool / 2.5 years – 3 years old
 PS – Preschool / 3 years - 4 years old
 Pre-K – 4 years – 5 years old

For your application to be considered complete, you must attach the following:

1. A copy of the student's Birth Certificate.
2. All student records and report cards.
3. A copy of the student's immunization records. Immunization records for all new students must be received by the school office no later than August 31, 2017.
4. A copy of the student's Sacramental records if applicable.
5. Application fee: K-8 - \$300 per family; ELC one student - \$75; ELC two or more students -\$125. Please attach a check payable to Sacred Heart of Jesus School. Note: the Application fee is not refundable if your student is accepted as a student at SHJ School or Early Learning Center. In the event your student is not accepted, the check will be returned to you.
6. The Parish Affiliation form, if applicable.

Please review your application for completeness. We cannot process an incomplete application.

Once your completed application has been received, an assessment for your student will be scheduled as well as a time for the student to shadow in the classroom (if you have not yet done so).

Upon acceptance into Sacred Heart of Jesus School and/or Early Learning Center, your registration will be complete when your Tuition Contract is signed and you are enrolled in Smart Tuition.

We/Our signature below verifies that the information set forth in the application and separate documents is true and correct. I/we understand that any inaccurate or missing information may be reason for rejection of this application and dismissal of my/our child from school.

Father/Guardian	Date	Mother/Guardian	Date
Principal	Date	Early Learning Center Director	Date

FOR OFFICE USE ONLY:

Date Application Received _____ By _____

FEE: Check# _____ Date Received _____ By _____

Assessments _____ Accepted for Grade _____

Principal/Student Interview _____

	1st Student	2nd Student	3rd Student
Birth Certificate			
Immunization Records			
Sacramental Records			
Academic Records			