



# Sacred Heart of Jesus School Early Learning Center

## Application for Admission 2016 - 2017

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**

Student(s) Legal Name	Birth Date <small>See A on Pg3</small>	Grade in 2015-16	Ethnicity/Race <small>See B on Pg3</small>	Home Zip Code	Male/ Female	Religion <small>See B on Pg 3</small>

**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,Th,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 \_\_\_\_\_

Is the 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 4 years old on or before 10/1/2016 to enter Pre-Kindergarten.
- 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 and health statement. Immunization records and health statements for all new students must be received by the school office no later than August 31, 2016.
4. A copy of the student's Sacramental records if applicable.
5. Application fee: Preschool one student - \$75; Preschool two or more students - \$125. Please attach a check payable to Sacred Heart of Jesus School. Note: the Application fee is not refundable.

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 Preschool and Early Learning Center, your registration will be complete when 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
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Principal	Date	Preschool Director	Date
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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			