



SACRED HEART HIGH SCHOOL

Accredited by Middle States Association of Colleges and Schools

CATHOLIC SCHOOLS - ARCHDIOCESE OF NEW YORK STUDENT APPLICATION

DATE OF APPLICATION

GRADE APPLYING FOR

STUDENT'S INFORMATION

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH

PLACE OF BIRTH

GENDER

ADDRESS

APT#

CITY

STATE

ZIP

HOME NUMBER

STUDENT'S CELL PHONE NUMBER

STUDENT'S EMAIL

CHILD RESIDES WITH

RELATIONSHIP

PRIMARY LANGUAGE SPOKEN AT HOME

MOTHER'S INFORMATION

PLEASE CIRCLE:

SINGLE

MARRIED

SEPARATED

DIVORCED

DECEASED

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

APT#

CITY

STATE

ZIP

CELL PHONE NUMBER

EMAIL ADDRESS

PLACE OF BIRTH

RELIGION

OCCUPATION

WORK PHONE NUMBER

WORK ADDRESS



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FATHER'S INFORMATION

PLEASE CIRCLE: SINGLE MARRIED SEPARATED DIVORCED DECEASED

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS APT# CITY STATE ZIP

CELL PHONE NUMBER EMAIL ADDRESS PLACE OF BIRTH

RELIGION OCCUPATION WORK PHONE NUMBER

WORK ADDRESS

CUSTODY OF CHILD (IF APPLICABLE)
_____ CUSTODIAL PARENT/RELATIONSHIP
_____ DOCUMENTATION
_____ DATE PROVIDED

GUARDIANSHIP OF CHILD (IF APPLICABLE)
_____ GUARDIAN
_____ RELATIONSHIP
_____ DOCUMENTATION DATE PROVIDED

CHILD'S EDUCATION

PREVIOUS SCHOOLS ATTENDED

NAME	ADDRESS	GRADES COMPLETED	DATES

CHILD HAS BEEN EVALUATED BY THE DISTRICT COMMITTEE ON SPECIAL EDUCATION ___ YES ___ NO

CHILD HAS BEEN EVALUATED BY A PRIVATE PSYCHOLOGICAL OR EDUCATIONAL AGENCY. ___ YES ___ NO



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IF ANSWER TO EITHER OR BOTH STATEMENTS ABOVE IS YES, APPLICANT MUST COMPLETE THE FOLLOWING:

TYPE OF EVALUATION	DATE OF EVALUATION	NAME OF AGENCY	CONTACT NAME AND PHONE NUMBER
EDUCATIONAL			
PSYCHOLOGICAL			
SPEECH			
OTHER _____			

1. WAS AN IEP EVER GENERATED? ____ YES ____ NO
 2. CHILD HAS A SECTION 504 ACCOMMODATION PLAN. ____ YES ____ NO

COPY SUBMITTED _____ (DATE) COPY SUBMITTED _____ (DATE)

IF CHILD HAS BEEN SEEN BY THE PUBLIC DISTRICT COMMITTEE ON SPECIAL EDUCATION, APPLICANT MUST COMPLETE THE FOLLOWING:

DISTRICT NAME & #	DATE OF MOST RECENT IEP	DATE OF LAST PSYCHOLOGICAL EVALUATION	CLASSIFICATION RECOMMENDED PLACEMENT

SACRAMENT	DATE	CHURCH	LOCATION
BAPTISM			
RECONCILIATION			
FIRST HOLY COMMUNION			
CONFIRMATION			

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION STOPS THE APPLICATION PROCESS. FURTHERMORE, SHOULD MY CHILD BE ACCEPTED/ADMITTED UNDER FALSE, INCOMPLETE OR NEGLIGENT INFORMATION, MY CHILD WILL BE DISMISSED FROM THE SCHOOL. I ALSO AGREE THAT SHOULD MY CHILD BE ACCEPTED/ADMITTED, MY CHILD AND I WILL BE BOUND TO THE TERMS AND CONDITIONS OF THE SCHOOL'S PARENT/STUDENT HANDBOOK INCLUDING THOSE PROVISIONS REFRENCING INOCULATIONS. FINAL ACCEPTANCE IS ALSO DEPENDENT ON ALL FEES BEING PAID IN FULL TO PREVIOUS SCHOOL. ACCEPTANCE NOTICES WILL BE MAILED.

SIGNATURE OF PARENT OR GUARDIAN

DATE