



SACRED HEART SCHOOL

Faith, Family, and Academic Excellence.

35 Orange Street
New Britain, CT 06053

ADMISSIONS APPLICATION

FOR OFFICE USE ONLY

Date Received _____
Reg Fee Paid (New) _____
Deposit Paid _____
Cash-Check # _____
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GENERAL INFORMATION: A NON-REFUNDABLE registration and deposit fee must accompany this application. Check should be made payable to Sacred Heart School. Applications must be filled out completely. A copy of student's Birth Certificate must accompany this application along with a Baptismal Certificate, if Catholic.

STUDENT INFORMATION

Applying For: Pre-K 3 Pre-K 4 K Grade _____

Name of Child: _____ Male Female
Last First Middle

Date of Birth: _____ Birthplace: _____
Month/Day/Year

Home Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

Child lives with: Both Parents Mother Only Father Only
 Mother/Stepfather Father/Stepmother Grandparents Other: _____

Father: _____ Work Phone: _____
Last First Middle

Place of Employment: _____ Occupation: _____

Mother: _____ Work Phone: _____
Last First Middle

Place of Employment: _____ Occupation: _____

Please specify if a language other than English is spoken at home: _____

Other children in the family:

Name	Age	Grade	School Attending

RELIGIOUS INFORMATION Religion of Student: _____ Mother: _____ Father: _____

If Catholic,
list Parish Name: _____

Town: _____

Sacrament	Date	Church
Baptism		
Holy Communion		
Confirmation		



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How did you hear about this school?

Website Advertisement Friend/Family Other: _____

ACADEMIC INFORMATION

Has your child ever failed to pass a grade? Yes No If so, which grade? _____

If transferring from another school, please specify reason: _____

Does your child have any of the following conditions which might need special consideration in the classroom?

poor vision hearing impairment allergies heart problems epilepsy other: _____

Has your child ever been expelled or refused admission or readmission from any school? Yes No

If yes, state the name of the school, and the reason for the action: _____

Has your child ever received/been evaluated for Special Education Services in a private/public setting? Yes No

If yes, please identify who did the evaluation, and provide a brief description of the services required/provided:

Has your child ever undergone psycho-educational testing? Yes No

If yes, please provide a brief description of the testing done: _____

Name and address of tester: _____

BACKGROUND:

School Attended	Grades Completed	Years Attended	Reason for Leaving

I hereby give Sacred Heart School the right to contact any previously attended school in regards to the recent enrollment of my child . I hereby authorize said school to supply any and all information requested. I release all persons, companies, and corporations supplying and receiving such information to Sacred Heart School, the Archdiocese of Hartford, and anyone acting on its/their behalf from and against any and all liability which might result from furnishing or receiving such information. I hereby certify that the information submitted in the application process, including the application is true. I understand that if it is determined that any information I have provided is false, the admission of my child may be revoked, or if my child is already in attendance, he or she may be subject to immediate expulsion. All families transferring into Sacred Heart School from another Catholic school must be current with their previous Catholic school. Sacred Heart School reserves the right to verify this information.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Sacred Heart School is a Catholic school that accepts students from different religious, racial, and ethnic backgrounds.