



**Sacred Heart Catholic School
Junior Kindergarten
Transitional Kindergarten
Application for 2024-2025**

SHCS Office Use ONLY

Check #: _____

Amount: _____

Date: _____

*Please complete and return one application per student with a \$500.00 non-refundable deposit.
Upon enrollment, deposit will be applied to annual tuition.*

STUDENT INFORMATION:

Full Name of Student: _____

Name Preferred: _____ Male _____ Female _____

Student Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Date of Birth: _____ Place of Birth: _____ (city/state/country)

Copy of birth certificate required

Student's Race: African American _____ American Indian _____ Asian _____ Caucasian _____
Latino/Hispanic _____ Multi-racial _____ (please specify) _____ Other _____

Student's Religion: _____ If Catholic, name of registered Parish: _____

Primary Spoken Language at Home: _____

Student resides with: _____ (both parents/mother/father/guardian)

Is there any legal reason preventing a parent from visiting or picking up your student? Yes _____ No _____

If yes, our school office is required to have the legal documents on file before your student begins school.

Siblings currently enrolled at Sacred Heart Catholic School? Yes _____ No _____

If yes, names and grades of sibling(s) _____

Does your child currently attend a daycare or preschool? Yes _____ No _____

If yes, where? _____

Is your child bathroom independent? Yes _____ No _____

Please note your child must be bathroom independent before the first day of school.

****Gender and race are gathered for school demographics and NOT for admission purposes.
We accept students of all faiths.***

PARENT INFORMATION:

Married _____ Separated _____ Divorced _____ Widowed _____ Single _____
If divorced, who has legal custody? _____

Father/Step-Father/Guardian (circle one)

Name: _____

Home Address (if different from student): _____

Date of Birth: _____ Place of Birth (city/state/country): _____

Religion: _____

Spouse Name (if different from student's mother): _____

Home Phone: _____ Cell: _____ Work: _____

Employer: _____ Occupation: _____

Email: _____

Financial Responsibility? Yes _____ No _____

Mother/Step-Mother/Guardian (circle one)

Name: _____

Home Address (if different from student): _____

Date of Birth: _____ Place of Birth (city/state/country): _____

Religion: _____

Spouse Name (if different from student's father): _____

Home Phone: _____ Cell: _____ Work: _____

Employer: _____ Occupation: _____

Email: _____

Financial Responsibility? Yes _____ No _____

STUDENT MEDICAL HISTORY

Has the applicant ever received auxiliary services such as outside tutoring, psychological or educational testing, speech/language assistance, or professional counseling? Yes _____ No _____

If yes, please explain and provide a copy of any test results with this application.

Has the applicant been hospitalized for significant medical treatment? Yes _____ No _____

If yes, please describe.

Is the applicant presently receiving physician prescribed medication? Yes _____ No _____

If yes, please explain and list medications.

Does the applicant have any food allergies? Yes _____ No _____

If yes, please describe:

What do we need to know about your child to meet his or her educational and social needs?

How did you hear about Sacred Heart Catholic School?

Parish _____ Friend _____ Website _____ Open House Invitation _____ Print Ad _____

Church Bulletin _____ Parent/Relative of Graduate _____ Other _____

Signature of Parent or Guardian: _____ **Date:** _____

Please return the completed application with applicable documents and \$500.00 deposit to the school office.

OR

Mail to:

Sacred Heart Catholic School

385 Lumen Christi Lane

Salisbury, NC 28147

Thank You!