



**Sacred Heart Catholic School  
Junior Kindergarten  
Application for 2022-2023**

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.

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

If yes, please describe.

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Is the applicant presently receiving physician prescribed medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and list medications.

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Does the applicant have any food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

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

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**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