

# Sacred Heart School

## Required Enrollment Information Check List for Kindergarten

- \_\_\_\_\_ Enrollment Application
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Baptismal Certificate
- \_\_\_\_\_ Social Security Numbers (Child, Mother and Father)
- \_\_\_\_\_ Portion of divorce decree/legal document that assigns custody and any other information from legal document pertinent to guardianship and school enrollment, if applicable
- \_\_\_\_\_ \$50.00 Deposit

# SACRED HEART ELEMENTARY & HIGH SCHOOL

416 W. Third St.  
Sedalia, MO 65301  
660-827-3800 phone  
660-827-3806 fax

**Student Enrollment Application (please print)**

**School Year 20\_\_ to 20\_\_**

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<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Grade</b>
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SS# \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Please list Race of applicant: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Birth: \_\_\_\_\_  
City State Year Month Day # children in family rank

**Father:** Full Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_  
Number and Street City State Zip

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_  
(The majority of school communications are distributed through email on a regular basis.)

Occupation (including Title) \_\_\_\_\_ Name of Firm \_\_\_\_\_

Business Address \_\_\_\_\_  
Number and Street City State Zip

**Mother:** Full Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_  
Number and Street City State Zip

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_  
(The majority of school communications are distributed through email on a regular basis.)

Occupation (including Title) \_\_\_\_\_ Name of Firm \_\_\_\_\_

Business Address \_\_\_\_\_  
Number and Street City State Zip

**If the applicant does not live with both biological parents, please complete the following:**

Parents are (circle one): Separated Divorced Mother deceased Father deceased  
Mother remarried Father remarried

Applicant lives with: \_\_\_\_\_ If parent is remarried, name of spouse: \_\_\_\_\_  
Person responsible for tuition \_\_\_\_\_

**EMERGENCY CONTACT** (name and phone number(s)): \_\_\_\_\_

**Church Affiliation:**

Applicant's Religion \_\_\_\_\_ Parish/Congregation \_\_\_\_\_

Father's Religion \_\_\_\_\_ Mother's Religion \_\_\_\_\_

If Catholic, at which Sedalia parish is family registered? \_\_\_\_\_

(Note: To receive Catholic tuition rates, parents must be practicing Catholics and be registered at one of the Sedalia parishes. Families also will be expected to tithe a minimum of \$800 annually to the church they attend.)

**Sacraments Received:**                      Baptism                      First Communion                      Confirmation

Church \_\_\_\_\_

Date \_\_\_\_\_

**SCHOOLS ATTENDED PREVIOUSLY (including previous enrollment at Sacred Heart Elementary & High School)**

Date entered      Name of School(s)      Address      Date Withdrawn      Reason (see codes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Codes for Reason:    Moved (1)              Illness (2)              Parental Choice (3)              Transferred (4)              Reason Unknown (5)

**NAMES OF OTHER HOUSEHOLD MEMBERS IN SCHOOL**

(Please list name, school attended and grade.)

**SIBLINGS AT HOME BUT NOT IN SCHOOL**

(Please list name and age.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you become interested in Sacred Heart Elementary & High School? \_\_\_\_\_

\_\_\_\_\_

What are your principal reasons for wanting the applicant to attend Sacred Heart Elementary & High School? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Residential Public School District**

(Please indicate in which public school district applicant lives. This information is necessary for Sacred Heart Elementary & High School to participate in federal programs.)

Elementary \_\_\_\_\_ Middle \_\_\_\_\_ Jr. High \_\_\_\_\_

**Emergency Release**

I/We, \_\_\_\_\_, hereby authorize Sacred Heart Elementary & High School and its representative(s) to seek emergency medical assistance for \_\_\_\_\_ should the school be unable to reach me/us. I/We will assume all costs associated with said care.

\_\_\_\_\_  
Parent/Guardian Signature

\*\*\*If my child is admitted and if I enroll my child, I approve and endorse this application of my child (or ward). In consideration of his/her acceptance as a student, I hereby guarantee Sacred Heart Elementary & High School the payment of any applicable tuition and fees and such other expenses as he/she may incur in account with the school, recognizing, however, the right of the school to exclude at any time a student whose conduct or academic standing renders undesirable his/her presence at Sacred Heart Elementary & High School.

**SIGNED by Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_