

Sacred Heart School

Required Enrollment Information Check List for Grades 1-12

Need copies of:

- Immunization Records
- Birth Certificate
- Baptismal Certificate
- Portion of divorce decree/legal document that assigns custody and any other information from legal document pertinent to guardianship and school enrollment, if applicable

Please fill out the following forms and return to school office:

- Enrollment Application Form
- School Record Form
- Request for Records from Previous School
- Student Interest Writing Sample (For Grades 6 through 9 only)
- \$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__

Last	First	Middle	Grade
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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** _____

Sacred Heart Elementary & High School

416 W. 3rd St.

Sedalia, MO 65301

Phone: 660-827-3800

Fax: 660-827-3806

Request for Records from Previous School

Previous School _____

School Address _____

City, State, Zip _____

Phone # _____ Fax # _____

The following student has enrolled at Sacred Heart Elementary & High School, Sedalia, MO:

Name: _____ Date of Birth: _____ Grade: _____

Records to be released should include:

- Cumulative School Report-Transcript
- Standardized Test Scores
- Withdrawal Grades/Percentages
- Health/Immunization Records
- Discipline/Intervention Records
- Current Legal Custody Papers, if Applicable
- Birth Certificate

Parent Signature _____ Date _____

(To be completed by School Personnel Only)

Please fax as soon as possible immunization records and any disciplinary information that would affect this student's enrollment status.

Is the above-mentioned student currently under suspension or expulsion from your district?

If yes, please provide explanation: _____

School Official Signature: _____

Title: _____ Date: _____