

Application for Admission

Pastor: Principal: Office Hours: Main Number: Fax Number: Rev. Sean Connor Mr. Christopher Beza 8:15 am - 3:15 pm 781-335-6010 781-331-7936

Applicant's Name:					
Last Name	F	First Name		Middle Name	
Grade Applying to PreK (3yo) morning (please check one): K2 1					
Gender: Male Female		Phone:			
Primary Address:					
Street	City	State		Zip Code	
Date of Birth: Pla	ice of Birth:	City	State		
Religion:	Place of Worship:				
School Applicant Now Attends:			Cı	rrent Grade:	
Child lives with: Parents Moth	er 🗌 Father 🛭	Grandparents [] (Guardian 🗌 Othe		
Father's Name in Full		Mother's Name	in Full		
Last First	Middle	Last	First	Maiden	
Address		Address			
(If Different from above) CityState & Zip		(If Different from above) CityState & Zip			
PhoneCell #		PhoneCell #			
E-mail					
Status: Married Divorced Dec			ed		
Place of Birth				_ 0	
Religion		Religion			
Occupation		Occupation			
Employer					
Work Phone	1				
Work E-mail		Work E-mail			
Spouse (if not mother)		Spouse (if not f	ather)		
Occupation		Occupation			
Work Phone		Work Phone			
Work Email		Work Email			
		1			

STUDENT BACKGROUND INFORMATION Telephone: Family Physician: Does your child take any medications? No Yes. If yes, please list____ Does your child have any diagnosed allergies? \(\subseteq\) No \(\supseteq\) Yes If yes, please list below (other forms will be required) Does your child have any medical problems the school should be aware of? \(\subseteq\) No \(\subseteq\) Yes, please list Has your child received or is currently receiving any special educational services? \(\subseteq \text{No} \subseteq \text{Yes, please list} \) frequency and specifics of services and/or academic area ______ No student will be accepted without proof of immunization. This is in accordance with the health departments of the Town of Weymouth and the Commonwealth of Massachusetts. Grades 2-8 Only Date of Baptism: _____ Church _____ Location____ Date of Penance: _____ Church _____ Location: ____ Date of First Communion: _____ Church ____ Location: ____ Siblings: Please list any other children in your family, starting with oldest. Date of Birth: _____ School: Name: _____ Name: Date of Birth: _____ School: Date of Birth: School: Age Requirement By September 1st of year entering school, PreK students must be 3, K1 students must be 4, and K2 students must be 5 years old. I/We hereby acknowledge that all the information contained in this application and its accompanying documents are accurate and truthful. I/We agree to pay all of the applicant's tuition fees when due. If person responsible for tuition is not a parent, please provide their name and address. Names of Parents/Guardians Father Mother Sign and date Sign and date How did you hear about Sacred Heart School? Admissions Packet Checklist Parent is a graduate ☐ Birth Certificate

ADMISSION POLICY:

☐ Baptismal Certificate (if applicable)

most recent teacher evaluation

☐ Most recent report card (if applicable)

Readiness for Kindergarten letter and/or copy of

Copy of most recent physical

Sacred Heart School admits students of any race, color, national and ethnic origin, to all rights privileges, programs, and activities generally accorded or made available at the school and does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, athletic and other school administered programs.

☐ Neighbor, friend, relative or student

☐ Other ____

☐ Church Bulletin

☐ Parishioner

☐ Website