



Application for Admission

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

Applicant's Name: _____

_____ Last Name _____ First Name _____ Middle Name

Grade Applying to PreK (3yo) morning ___ PreK (3yo) full day ___ K1 (4yo) morning ___ K1 (4yo) full day ___
 (please check one): K2 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___

Gender: ___ Male ___ Female Phone: _____

Primary Address: _____

_____ Street _____ City _____ State _____ Zip Code

Date of Birth: _____ Place of Birth: _____

_____ City _____ State

Religion: _____ Place of Worship: _____

School Applicant Now Attends: _____ Current Grade: _____

Child lives with: Parents Mother Father Grandparents Guardian Other _____

Father's Name in Full

Last	First	Middle
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Address _____
 (If Different from above)

City _____ State ___ & Zip _____

Phone _____ Cell # _____

E-mail _____

Status: Married Divorced Deceased Single

Place of Birth _____

Religion _____

Occupation _____

Employer _____

Work Phone _____

Work E-mail _____

Spouse (if not mother) _____

Occupation _____

Work Phone _____

Work Email _____

Mother's Name in Full

Last	First	Maiden
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Address _____
 (If Different from above)

City _____ State ___ & Zip _____

Phone _____ Cell # _____

E-mail _____

Status: Married Divorced Deceased Single

Place of Birth _____

Religion _____

Occupation _____

Employer _____

Work Phone _____

Work E-mail _____

Spouse (if not father) _____

Occupation _____

Work Phone _____

Work Email _____

STUDENT BACKGROUND INFORMATION

Family Physician: _____ Telephone: _____

Does your child take any medications? No Yes. If yes, please list _____

Does your child have any diagnosed allergies? No Yes If yes, please list below (other forms will be required)

Does your child have any medical problems the school should be aware of? No Yes. If yes, please list _____

Has your child received or is currently receiving any special educational services? No Yes. If 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.

Name: _____ Date of Birth: _____ School: _____

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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

Admissions Packet Checklist

- Birth Certificate
- Baptismal Certificate (if applicable)
- Copy of most recent physical
- Readiness for Kindergarten letter and/or copy of most recent teacher evaluation
- Most recent report card (if applicable)

How did you hear about Sacred Heart School?

- Parent is a graduate
- Neighbor, friend, relative or student
- Church Bulletin
- Parishioner
- Website
- Other _____

ADMISSION POLICY:

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.