

# SACRED HEART SCHOOL

56 Purchase Street, East Providence RI 02914  
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## NEW STUDENT APPLICATION FOR ADMISSION

Please clearly print all information.

### GRADE

Grade in Which Your Child will be Entering: \_\_\_\_\_  
*Kindergarten students must be 5 years-old by Sept. 1*

### STUDENT INFORMATION

Student's Full Legal Name: \_\_\_\_\_

Gender:  Male |  Female Birth Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Age Sept. 1: \_\_\_\_\_

Ethnicity/Race:  American Indian/Native Alaskan |  Asian |  Black/African American |  Hispanic  
 Native Hawaiian/Pacific Islander |  Multiracial |  Unknown |  White

Primary Language Spoken at Home: \_\_\_\_\_

Religion:  Catholic  Non-Catholic Parish/House of Worship: \_\_\_\_\_

Religion if Non-Catholic: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Date of First Communion: \_\_\_\_\_ Place of First Communion: \_\_\_\_\_

*Sacred Heart School is an inclusive institution enrolling students of all faith, practicing and non-practicing.*

Student Primarily Lives With:  Both Parents |  Mother |  Father |  Legal Guardian

### FAMILY INFORMATION – MOTHER / GUARDIAN 1

Mother/Guardian 1: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Relationship to Student if Guardian: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

### FAMILY INFORMATION – FATHER / GUARDIAN 2

Father/Guardian 2: \_\_\_\_\_

Relationship to Student if Guardian: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

#### Mission Statement

*Sacred Heart School lives the Guanellian family spirit of charity by embracing all students with respect and esteem. Recognizing Christ in each person, we provide a distinctly Catholic education that empowers students with knowledge and skills to succeed in life. Through a caring environment, we foster the God-given gifts and abilities of our students, so as to prepare them to contribute positively in the Church and society.*



**ADDITIONAL STUDENT INFORMATION**

Family Marital Status:  Parents Live Together |  Parents Divorced/Separated |  Father Remarried  
 Mother Remarried |  Father Deceased |  Mother Deceased

List Student's PARENTS, BROTHERS or SISTERS who have graduated from, who are presently attending Sacred Heart School, or who are also applying at this time.

Name	Year of (Expected) Graduation	Relationship to Student

Special Custody Issues:  YES |  NO *Attach supporting documentation*

Present School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Has your child ever been placed on OR recommended for an Individual Education Plan (IEP) or Service Plan?  YES |  NO

Has your child ever been diagnosed with any learning disabilities?  YES |  NO

Is your child presently in an ESL or ELL class, receiving Title I or Title III assistance?  YES |  NO

If "YES" to any of the above questions, briefly explain. *Attach appropriate supporting documentation.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child ever been placed on probation, suspended, or expelled from another school?  YES |  NO

If "YES", please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any medical/health issues?  YES |  NO If "YES", please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL DOCUMENTS**

**ALL APPLICANTS**

- Medical Records
- Birth certificate
- Baptismal & First Communion Certificates (If applicable)
- Non-Refundable Deposit
- Signed Tuition Contract
- FACTS Tuition Enrollment
- Parish Registration Card for Non-Parishioners

**KINDERGARTEN**

- Early Elementary Screenings, i.e. Child Outreach
- Ability to independently use the rest room
- Physical, Dental, & Immunization Records from Pediatrician

**GRADES 1 - 8**

- Most Recent Report Card
- Standardized Testing Scores
- Medical Records
- Physical, Dental, & Immunization Records from Pediatrician [**Grade 7 Only**]

**SIGNATURE**

*By signing below, I certify that the information above is true and accurate and that it is my intent to enroll my child at Sacred Heart School. I understand that this is a tuition-funded school, as such I am responsible to make all tuition payments on time through a third-party payment system. It is my wish to cooperate fully with the rules and policies of Sacred Heart School.*

Parent/Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

Go to "online.factsmgt.com/signin/3HS3Z" to begin the financial aid application.

Policy of Non-Discrimination

Sacred Heart School admits students of any gender, race, color or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to all students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs and athletic and other administered programs. The school does not discriminate against students with disabilities of any kind if, with reasonable accommodation, they can meet the school's program requirements.