



# New Student Application Form 2020-2021

## SACRED HEART SCHOOL



### Section I: Student Information

Total number of children in family enrolled in the school: \_\_\_\_\_

**OFFICE USE ONLY:** Birth Certificate on file: Yes or No

Student Name: _____		
LAST	FIRST	MIDDLE
Birth Date: _____	Oldest/Only Child: <input type="radio"/> YES <input type="radio"/> NO	
Gender: <input type="radio"/> MALE <input type="radio"/> FEMALE	Is this student Hispanic/Latino? <input type="radio"/> YES <input type="radio"/> NO	
GRADE: _____		
Race: (Check all that apply)	<input type="radio"/> ASIAN	<input type="radio"/> WHITE
<input type="radio"/> BLACK/AFRICAN AMERICAN	<input type="radio"/> NATIVE HAWAIIAN/PACIFIC	<input type="radio"/> NATIVE AMERICAN
		<input type="radio"/> ALASKAN NATIVE
Country of Birth: _____	Year Immigrated (If Applicable): _____	
Grade level upon entry: _____	Religion: <input type="radio"/> CATHOLIC <input type="radio"/> NON-CATHOLIC	
	(IDENTIFY RELIGION IF NON-CATHOLIC): _____	
Last school attended: _____		
SCHOOL NAME	SCHOOL CITY	
Student lives with: _____		
LAST NAME(S)	FIRST NAME(S)	RELATIONSHIP
Address 1: _____		
STREET ADDRESS	APARTMENT/UNIT # _____	
CITY	STATE	ZIP
Addressee 2: _____		
<i>if applicable</i>	LAST NAME	FIRST NAME
		RELATIONSHIP
Address 2: _____		
<i>if applicable</i>	STREET ADDRESS	APARTMENT/UNIT # _____
	CITY	STATE
		ZIP
Baptism: _____		
CHURCH	CERTIFICATE ON FILE: Y or N	DATE
Reconciliation: _____		
CHURCH		DATE
First Communion: _____		
CHURCH		DATE
Confirmation: _____		
CHURCH		DATE

**\*\* Required Medical Forms \*\***

Physical: All new students Kdg & 6th grade  
Dental: All New students, Kdg, 2 & 6 grade  
Eye Exam: New PK & All Kdg  
**\*\*No students allowed to attend classes until required Medical forms are in the office.\*\*\***

## Section II: Parent Information

### MOTHER'S INFORMATION

Mother's Name: \_\_\_\_\_ Mother alumna of school?  
LAST FIRST MIDDLE  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Address of Employment: \_\_\_\_\_

### FATHER'S INFORMATION

Father's Name: \_\_\_\_\_ Father alumnus of school?  
LAST FIRST MIDDLE  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Address of Employment: \_\_\_\_\_

### GUARDIAN'S INFORMATION *(if other than parent--provide documentation)*

Guardian's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Address of Employment: \_\_\_\_\_

### OTHER INFORMATION

Parent's Marital Status:  Married  Divorced  Separated  Widowed  Other

Step-Mother's Name: \_\_\_\_\_  
(if applicable) LAST FIRST MIDDLE

Step-Father's Name: \_\_\_\_\_  
(if applicable) LAST FIRST MIDDLE

### PARISH INFORMATION

Registered Parishioner  Yes  No Envelope Number \_\_\_\_\_

Parish Name Where Family Is Registered: \_\_\_\_\_

Person(s) Responsible for Paying Tuition Print Name(s): \_\_\_\_\_



**Section III: Emergency Contact Information**

Child's Name: \_\_\_\_\_

Child's Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mom's Name/Guardian's \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Dad's Name/Guardian's \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

**EMERGENCY CONTACTS IN CASE PARENTS/GUARDIANS CAN'T BE REACHED:**

1. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

2. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2 : \_\_\_\_\_

3. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

**STUDENT MEDICAL INFORMATION**

List each child's name and their Medical Allergies and/or Significant Medical History, write N/A if not applicable.

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

**Medical Authorization**

Medical Insurance Provider: \_\_\_\_\_ Policy/Insurance #: \_\_\_\_\_

In the event that the undersigned, or my/our authorized doctor cannot be reached and in the judgment of the school principal and/or his/her authorized staff member, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize any of the aforesaid personnel to obtain for my/our child such medical services that are deemed necessary. I/We agree to assume the financial responsibility for any diagnosis/treatment and/or medication deemed necessary.

\_\_\_\_\_  
PRINT PARENT/GUARDIAN NAME                      SIGNATURE                      DATE

\_\_\_\_\_  
PRINT PARENT/GUARDIAN NAME                      SIGNATURE                      DATE

## Section IV: Parent Certifications

### Photo Release

On occasion, the school uses photos and/or academic work of students in local publications (e.g., website, yearbook, advertisements, bulletin articles, and other public relations material). By initialing and signing below, I give permission for the school to publish my child(ren)'s photo or academic work in any format including group or individual photos.

### Acceptable Use of Technology

I / we have read the school technology guidelines, and have discussed them with my child(ren). In consideration of the privilege of my child (ren) using the school's electronic communications system and in consideration of having access to the public networks, I / we hereby release the school, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the types of damage identified in the **Acceptable Use Procedures (AUP)**.

I / We understand that access to the school technology resources is not a private activity and that the school will monitor student activity on any of the school resources including but not limited to the computer system, e-mail system, and other electronic devices and programs.

I / we have read the school's technology procedures and regulations and agree to abide by these provisions. Violation of these provisions may result in suspension or revocation of system access. I / We also understand that any actions taken through the school network that are in violation of the school disciplinary code will be handled in accordance with the code. Appropriate legal authorities may be contacted if there is any suspicion of illegal activity.

By signing below, I give my child(ren) permission to participate in the school's electronic communications system including the internet and certify that the information contained on this form is correct.

### School Policies/Tuition

I/We understand that acceptance of registration and enrollment is conditional based on the family staying current with K-8 tuition payments and following the policies of the school and the Archdiocese of Chicago. Failure to do either of these things may result in disciplinary or other action by the school including exclusion from school and/or expulsion from the school. Preschool tuition will be paid in full monthly or the child/children will not be able to return to school. By signing below, I agree that I have received a copy of the school policies in the Parent-Student Handbook and procedures and agree to be bound by them and the statement above.

### Catholic High School Recruitment (For parents of students entering the 6th, 7th, and 8th grades)      YES      NO

The Office of Catholic Schools and the Catholic high schools in the Archdiocese of Chicago are developing a student/parent contact database to better reach Catholic elementary school families as they consider high schools plans. You can be confident that your contact information will be used responsibly. Your contact information will not be shared by anyone outside the Archdiocesan Catholic high schools. Catholic high schools may use a variety of criteria (e.g., geographical proximity to the high school, available transportation options, etc.) when selecting families to contact. If you wish that a high school no longer contact you or your child, simply contact the high school via email or by phone. By circling "Yes" above, you authorize the elementary school to share the following information with the Office of Catholic Schools and the Catholic high schools in the Archdiocese of Chicago for the purposes mentioned above: name of elementary school your child is attending, student's first and last name, student's gender, student's grade level, home address, home phone number, parent/guardian's first and last name, parent/guardian's email address and cell phone number.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHILD'S NAME (Print)

\_\_\_\_\_  
GRADE

\_\_\_\_\_  
CHILD'S NAME (Print)

\_\_\_\_\_  
GRADE

\_\_\_\_\_  
CHILD'S NAME (Print)

\_\_\_\_\_  
GRADE

\_\_\_\_\_  
CHILD'S NAME (Print)

\_\_\_\_\_  
GRADE