



Application for Admission

PARENT OR GUARDIAN SECTION

PART I

To be completed by parent or guardian (please print)

 APPLICANT'S LAST NAME FIRST NAME MIDDLE NAME PREFERRED NAME

 SOCIAL SECURITY NUMBER

 APPLICANT'S HOME ADDRESS CITY STATE ZIP

 TELEPHONE PARENT EMAIL

 DATE OF BIRTH BIRTHPLACE COUNTRY OF CITIZENSHIP

 PARISH OR CHURCH AFFILIATION CITY RELIGION

 PRESENT SCHOOL SCHOOL ADDRESS CITY STATE ZIP

 PRINCIPAL/HEAD OF SCHOOL TITLE (MR./MRS./MS./SR./DR./ETC.) TELEPHONE

 GRADE AT PROPOSED ENTRY TO SACRED HEART ACADEMY YEAR OF PROPOSED ENTRY PRESENT GRADE

PARENTS/CHECK IF LIVING FATHER MOTHER STEPFATHER STEPMOTHER

LIVING PARENTS /CHECK STATUS MARRIED DIVORCED SEPARATED



Sacred Heart Academy

FATHER'S LAST NAME TITLE (MR./DR./ETC.) FIRST NAME MIDDLE NAME

OCCUPATION BUSINESS NAME

BUSINESS ADDRESS BUSINESS TELEPHONE BUSINESS FAX

MOTHER'S LAST NAME TITLE (MRS./MS./DR./ETC.) FIRST NAME MIDDLE NAME MAIDEN NAME

OCCUPATION BUSINESS NAME

BUSINESS ADDRESS BUSINESS TELEPHONE BUSINESS FAX

PERSON TO RECEIVE CORRESPONDENCE CONCERNING APPLICANT TITLE (MR./MRS./MS./DR./ETC.)

ADDRESS CITY STATE ZIP

IF PARENTS LIVE APART, PERSON TO RECEIVE ADDITIONAL COPY OF CORRESPONDENCE CONCERNING APPLICANT TITLE (MR./MRS./MS./DR./ETC.)

ADDRESS CITY STATE ZIP

STATISTICAL INFORMATION (OPTIONAL)

CULTURAL BACKGROUND: AFRICAN AMERICAN ASIAN CAUCASIAN HISPANIC AMERICAN INDIAN

IF APPLICANT DOES NOT LIVE WITH BOTH PARENTS, PLEASE EXPLAIN THE CIRCUMSTANCES.



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NAMES AND AGES OF OTHER CHILDREN IN THE FAMILY

NAME

AGE

NAMES OF RELATIVES WHO HAVE ATTENDED SACRED HEART ACADEMY

NAME

ADDRESS

RELATIONSHIP

YEAR OF GRADUATION

LIST SCHOOLS ATTENDED BY YOUR DAUGHTER DURING THE PAST THREE YEARS

YEARS ATTENDED

SCHOOL

ADDRESS

PLEASE TELL US YOUR DAUGHTER'S AREAS OF ACADEMIC STRENGTH AND/OR NEED.

WHAT ARE YOUR DAUGHTER'S EXTRACURRICULAR INTERESTS AND ACTIVITIES INSIDE AND OUTSIDE OF SCHOOL?



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PLEASE MAKE ADDITIONAL COMMENTS, INCLUDING YOUR DAUGHTER'S INTELLECTUAL OR PERSONAL QUALITIES

SIGNATURE OF PARENT OR GUARDIAN

RELATIONSHIP TO APPLICANT

DATE

NOTE

Application fee of \$50 (check or money order) must be included with this form.

The completed parent or guardian and student sections of this application must be received on or before October 28, 2011.

MAIL TO

Director of Admissions
Sacred Heart Academy
265 Benham Street
Hamden, CT 06514-2833

FOR OFFICE USE ONLY

_____test fee

_____school records

