



ADMISSIONS APPLICATION

(Online application available at www.sacredheartreading.com)

PLEASE PRINT ALL INFORMATION

Catholic _____ Non-Catholic/Religion _____

PARISH IN WHICH YOU ARE REGISTERED _____

Date of Application _____ Entering Grade: _____

Student's Name _____

(Last) (First) (Middle)

Address _____
Street and/or P.O. Box

City State Zip Code

Area Code/Home Phone Number _____

Date of Birth _____ Male: _____ Female: _____ Place of Birth _____
Country City State

Ethnic Background: ☐Caucasian ☐African American ☐Hispanic ☐Asian ☐Bi-racial ☐Other ☐Latino ☐Non-Latino

Race: ☐Amer.Indian/Native American ☐Asian ☐Black ☐Native HI Pacific Isl ☐White ☐Bi-Racial ☐Unknown

Public School District of Residence: _____

Will your child be a: Bus Rider: _____ Car Rider: _____ Walker: _____

PARENT'S INFORMATION:

FATHER

Name (first/last) _____

Address _____

City, State, Zip _____

Religion _____

Occupation _____

Employer _____

Work Phone Number _____

Cell Phone Number _____

E-Mail Address _____

Country of Birth _____

MOTHER

Name (first/last) _____

Address _____

City, State, Zip _____

Religion _____

Occupation _____

Employer _____

Work Phone Number _____

Cell Phone Number _____

E-Mail Address _____

Country of Birth _____

Mother's Maiden Name _____

Parent's Marital Status: _____ Married _____ Divorced _____ Separated _____ Widow _____ Widower _____ Single
Custody _____

Full Name of Stepparent/Guardian _____

(See Addendum #1) (Last) (First) (Middle)

Student Resides With: _____ Parents _____ Mother _____ Father _____ Other

(If other, explain completely giving names and relationships.)

Baptism: Date _____ Church _____
City/State _____

Reconciliation: Date_____Church_____
City/State_____

First Communion: Date _____ Church _____
City/State _____

Confirmation: Date _____ Church _____
City/State _____

School Previously Attended _____
Address _____

Special Medical Information _____
Family Doctor _____ Phone Number _____

Name (First/Last)	Age	School

Is another language spoken at home? Yes/No
If yes, what language_____

Print Name _____

Signature of Parent or Guardian _____

Student's Name

Last

First

Middle

ADDENDUM # 1

In an effort to acknowledge the rights of parents regarding access of information, we ask that you submit any court documentation that substantiates your legal status as it relates to the child being enrolled in Sacred Heart School.

Applicable_____

Not Applicable_____

Signature

Date

Please note: The above documents must be submitted to the school as soon as possible, so your application may be processed. If this addendum does not apply, check "Not Applicable" date and sign.

**Diocese of Allentown
HOME LANGUAGE SURVEY***

ENGLISH

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for identification.

School District: _____
Name of Child: _____ **Date:** _____
Address: _____ **Grade:** _____
School: _____ **Birthplace:** _____

1. What is/was the student's first language? _____
2. Does the student speak a language(s) other than English? Yes ☐ No ☐
If yes, specify the language(s): _____
3. What language(s) are spoken in your home? _____
4. Has the student attended any United States school in any 3 years during his/her lifetime?
Yes ☐ No ☐

If yes, complete the following:

Name of School	State	Dates Attended
----------------	-------	----------------

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

For Office Use Only

Exemption from English Language Proficiency Testing (attach required documentation)

(Must meet two out of the three criteria – please indicate with a check the two appropriate criteria met)

_____ Final grades of B or better in core subject areas (Mathematics, Language Arts, Science, Social Studies)

_____ Scores equivalent to Basic performance on district wide assessment (e.g. 4 Sight)

_____ Scores of Basic in Reading, Writing, and Math on the PSSA