CURRENT PRE-K FAMILIES RE-REGISTER FOR 2021-2022 SCHOOL YEAR for KINDERGARTEN

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NOVEMBER IS 50% OFF REGISTRATION FEE MONTH!

Complete the attached registration form and return to the school office between November 1st and November 30th with payment to receive

50% off your registration fee.

\$25.00-1child \$37.50 - Family

Registration is also available ONLINE www.sacredheartreading.com - Directory tab - Current Students

(online payment subject to 2.9% +.30 fee)



ADMINISSIONS APPLICATION Conference application available at www.scredheartreading.com) PLEASE PRINT ALL INFORMATION LEGIBLY Catholic If Non-Catholic if Non-Catholic - benominationNO Religion if Catholic If Non-Catholic if Non-Catholic - benominationNO Religion if Catholic If Non-Catholic if Non-Catholic - benominationNO Religion if Catholic If Non-Catholic if Non-Catholic - benominationNO Religion Date of ApplicationEntering Grade: as of 20 Student's Name	Note And						
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if Catholic PARISH IN WHICH YOU ARE REGISTERED						_	
PARISH IN WHICH YOU ARE REGISTERED	Catholic 📙 Non-Catholic	if Non-Catho	olic - Denomination	۱	No Relig	gion 📙	
Student's Name		RE REGISTERED					
Address Street and/or P.O. Box City State Zip Code Area Code/Home Phone Number	Date of Application		Enter	ing Grade:		as of 20	
Address Street and/or P.O. Box City State Zip Code Area Code/Home Phone Number	Student's Name						
Street and/or P.O. Box City State Zip Code Area Code/Home Phone Number	(L	Last)		(First)		(Middle)	
City State Zip Code Area Code/Home Phone Number							
Area Code/Home Phone Number	Street and/or P.O. Bo	x					
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Ethnic Background: Caucasian African American Hispanic Asian Bi-racial Other Latino Non-Latino Race: Amer.Indian/Native American Asian Black Native HI Pacific IsI White Bi-Racial Unknown Public School District of Residence:	Area Code/Home Phone	Number					
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Page 2	
Student's Name	

First

<u>SACRAMENTAL INFORMATION:</u> (if applicable)

Last

	Church	
	Church	
	Church	
	Church	
SCHOOL INFORMATION:		
School Previously AttendedAddress		
MEDICAL INFORMATION:		
Special Medical Information		
Family Doctor	Phone Number	
Please list the names, ages, and sche Name (First/Last)	ools of all children in the family: Age School	
Is another language spoken at home? If yes, what language		

SIGN AND PRINT Print Name_____

Signature of Parent or Guardian_

Last

First

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*

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/v	was the student's first language?					
2. Does the	e student speak a language(s) other	than English?	Yes	No		
If	f yes, specify the language(s):					
3. What lan	guage(s) are spoken in your home?	?				
4. Has the s	Student attended any United States s Yes No					
	Name of School	complete the for State	Dates Attended			
Person completi	ng this form (if other than parent/	guardian):		_		
Parent/Guardia	n 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.

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