

# CURRENT PRE-K FAMILIES

RE-REGISTER FOR **2021-2022** SCHOOL YEAR  
for  
**KINDERGARTEN**

**50% OFF** *November ONLY*  
1 Child - \$25.00  
Family - \$37.50

**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](http://www.sacredheartreading.com) - Directory tab - Current Students**

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





**Sacred Heart School**  
701 Franklin Street • West Reading, PA 19611 • 610-373-3316  
www.sacredheartreading.com

## **ADMISSIONS APPLICATION**

(Online application available at [www.sacredheartreading.com](http://www.sacredheartreading.com))

### **PLEASE PRINT ALL INFORMATION LEGIBLY**

Catholic ☐ Non-Catholic ☐ if Non-Catholic - Denomination \_\_\_\_\_ No Religion ☐

if Catholic

PARISH IN WHICH YOU ARE REGISTERED \_\_\_\_\_

Date of Application \_\_\_\_\_ Entering Grade: \_\_\_\_\_ as of 20 \_\_\_\_

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 \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Country of Birth \_\_\_\_\_

#### **MOTHER**

Name (first/last) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Country of Birth \_\_\_\_\_

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.)

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

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
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**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