



Sacred Heart School

Sacred Heart School Prospective Family Information

Dear Prospective Family,

Sacred Heart School welcomes you! We are a Diocesan Catholic Elementary school dedicated to the education of our children with Christ at the center of our learning environment. Please provide the following information to assist us in planning for enrollment openings. We will contact you with more information about openings and the enrollment process. You may also contact the school office at any time with questions. Please return this form to Sacred Heart School, 1601 Grand Avenue, West Des Moines, Iowa 50265

Thank you for considering Sacred Heart School,

Jane Kinney, Principal

Jane.kimney@sacredheartwdm.org

Scott Ehlinger

scott.ehlinger@sacredheartwdm.org

Date _____

Parent Information

Father Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Mother Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Current School District _____ City _____ State _____

Current School _____

(Please complete both sides)

If relocating to West Des Moines, please include phone contact _____

Parish Information

Sacred Heart Parish contributes to the cost of educating the children of parish families. The Parish Voucher for partial tuition is available to registered and active members of Sacred Heart.

Registered and Active in: Sacred Heart _____ Other (Name of Parish) _____

How long have you been registered at Sacred Heart? _____

Have one or both parents previously attended Sacred Heart School? Yes _____ No _____

Name of that parent (maiden name) _____ Years _____

Student Information

Students seeking to enroll in Sacred Heart School

Name _____ Grade Level 20__ - 20__ Date of Birth _____

Name _____ Grade Level 20__ - 20__ Date of Birth _____

Name _____ Grade Level 20__ - 20__ Date of Birth _____

Do you have younger children not yet in school? If so, please list.

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

If we would have an opening, are you willing to enroll one child at a time? Yes _____ No _____

If we have an opening, are you willing to come in the middle of the year? Yes _____ No _____

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For Sacred Heart School Use Only

Enrollment offered? _____ Date _____ Signature _____

Date of completed enrollment/registration: _____

Notes _____
