

Sacred Heart School

625 W. Kettering St., Lancaster, CA 93534

661- 948-3613 FAX 661-948-4486

Student's Last Name: _____

Applying for GRADE: _____

Fall of 2020

5TH, 6TH, 7TH, & 8TH GRADE APPLICATION for 2020-2021 SCHOOL YEAR

STUDENT INFORMATION

Student's Last Name (Legal) First Name Middle Name (Nickname) Sex (M/F)

Home Address City State Zip Home Phone Number

CURRENT SCHOOL: _____ Teacher's Name: _____

Address of CURRENT SCHOOL: _____

Birthdate: _____ Place of Birth: _____ Email: _____

Student's Religion Baptism – Date & Place

Parish Registered First Communion – Date & Place

Parish Attending Penance – Date & Place

Emergency Contact – Other than Parent Relationship Phone (Home & Work)

FAMILY INFORMATION

Father's **Last** Name First Name Birthplace Occupation Employer & Work Phone Number Marital Status

Mother's **Last** Maiden Name First Name Birthplace Occupation Employer & Work Phone Number Marital Status

Religion of Father Religion of Mother Parish Attending Parish Registered Envelope Number

Sibling(s) currently **attending** Sacred Heart School Name(s) & Grade(s): _____

Sibling(s) currently **applying** to Sacred Heart School: Name(s) & Grade(s): _____

Does student live with both parents? Yes ___ No ___ **If no**, please explain: _____

Legal Step Parent Last Name First Name Birthplace Religion Occupation Marital Status

Guardian Last Name First Name Birthplace Religion Occupation Marital Status Relationship

Current or recent attendance at another Catholic elementary school is not a promise or guarantee of acceptance into Sacred Heart School

Parent/Guardian Signature: _____ Date of Application: _____

How did you hear about Sacred Heart School? _____

Sacred Heart School is accredited by the Western Association of Schools and Colleges