

Sacred Heart School

625 W. Kettering St., Lancaster, CA 93534
661-948-3613 FAX 661-948-4486

Student's Last Name: _____

Applying for T - KINDERGARTEN - Fall of 2020
Applicant must be 4 years old before Sept. 1, 2020

T - KINDERGARTEN 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: _____

Must be 4 years old before 9-01-20

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

Attendance at any Catholic Pre-School is not a promise or guarantee of acceptance into Sacred Heart School Kindergarten

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