



DIOCESE OF MANCHESTER
Grades PreK-8
Catholic School Application*
Please print or type all information

Date:

School Name: Sacred Heart School City/Town Hampton, NH

STUDENT INFORMATION

Student Name Last First Middle Male Female

Address: Street City/State/Zip Home Phone Number

Date of Birth Current Grade Applying for Grade

Present School Name and Address:

Student's Religion: Parish name and town:

Have an educational plan (e.g., ISP, IEP, 504) or class modifications ever been recommended for this student? Yes No

If yes, please specify

Siblings? Yes No Number Name: Grade

PARENT/GUARDIAN INFORMATION Name: Grade

Student resides with: (please check all that apply) Father Mother Stepfather Stepmother Guardian Other (Please specify)

Student's parents are: Married Separated Divorced Never Married Widowed

If never married, divorced or separated, who has legal custody or decision-making responsibility of the student? Father Mother Both Other (please specify)

If never married, divorced or separated, who has physical custody or residential responsibility of the student? Father Mother Both Other (please specify)

If never married, divorced or separated, who has primary financial responsibility of the student? Father Mother Both Other (please specify)

Correspondence should be sent to: Both parents Father only Mother only Other (please specify)

* The school admits qualified students to its programs and does not discriminate on the basis of sex, race, color, national origin, or ethnic origin, or on the basis of disability, if with reasonable accommodation, the applicant can meet the program requirements. While the school admits students of many different religions to the school, it reserves the right to give preference in admission to Catholics.

Name of Mother

Dr. Mrs. Ms. Other (please specify) _____

Name: _____ Living Deceased

Maiden Name _____

Home Address: _____

Cell Phone: _____ E-mail: _____

Employer: _____ Title: _____

Business Address: _____ Business Phone: _____

Name of Father

Dr. Mr. Other (please specify) _____

Name: _____ Living Deceased

Home Address: _____

Cell Phone: _____ E-mail: _____

Employer: _____ Title: _____

Business Address: _____ Business Phone: _____

If this student is under the care of a stepparent or guardian, please attach Addendum A.

I certify that all information submitted in the admissions process, including supporting materials, is factually accurate and honestly presented. I understand that if such information is inaccurate or false, the student's admission may be revoked. We certify that we will update this information if it becomes outdated.

Signature of Parent: _____

Signature of Parent: _____

Please note that a completed application does not guarantee admittance.

How did you hear about us? _____

For office use only: Application complete upon receipt of:

Birth Certificate Academic Records (1-8) including standardized test results (2-8) Application Fee (if applicable)

Received by: _____

Date: _____



Print Form

CATHOLIC SCHOOL APPLICATION

ADDENDUM A

If the student applying for admission is under the care of a Stepparent or Guardian, please complete this page and attach it to the Application Form prior to submitting it to the school. Thank you.

Name Guardian Stepparent

Dr. Mr. Mrs. Ms. Other (please specify)

Name:

Address:

Street City State Zip

Home Phone Cell Phone

E-Mail

Employer Position

Business Address Business Phone

Name Guardian Stepparent

Dr. Mr. Mrs. Ms. Other (please specify)

Name:

Address:

Street City State Zip

Home Phone Cell Phone

E-Mail

Employer Position

Business Address Business Phone

I certify that all information submitted in the registration process, including supporting materials, is factually accurate and honestly presented. I understand that if such information is inaccurate or false, the student's admission may be revoked. I agree to update any information if it becomes outdated.

Signature Date

Signature Date