



**SACRED HEARTS ELEMENTARY SCHOOL**

31 South Chestnut Street  
Bradford, MA 01835

APPLICATION FOR ENROLLMENT

Phone 978 372-5451  
Fax 978 372-1110

[www.sacredheartsbradford.org](http://www.sacredheartsbradford.org)

FOR SCHOOL YEAR 2010-2011

TODAY'S DATE \_\_\_\_\_

FOR GRADE \_\_\_\_\_

Please print

LAST NAME OF CHILD \_\_\_\_\_ Male \_\_\_\_\_ Female

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

DATE OF BAPTISM \_\_\_\_\_ CHURCH \_\_\_\_\_

DATE OF FIRST PENANCE \_\_\_\_\_ CHURCH \_\_\_\_\_

DATE OF CONFIRMATION \_\_\_\_\_ CHURCH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME (maiden & last) \_\_\_\_\_

STREET \_\_\_\_\_

STREET \_\_\_\_\_

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

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

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

FATHER'S WORK \_\_\_\_\_

MOTHER'S WORK \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

FATHER'S RELIGION \_\_\_\_\_

MOTHER'S RELIGION \_\_\_\_\_

E-MAIL \_\_\_\_\_

E-MAIL \_\_\_\_\_

GUARDIAN OF CHILD (circle): FATHER MOTHER BOTH OTHER (PLEASE LIST)

PREVIOUS SCHOOL (S) (including preschool for Kindergarten applicants)

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

(over)

- DOES YOUR CHILD HAVE ANY LEARNING CHALLENGES THAT WE SHOULD KNOW ABOUT?
  - YES \_\_\_ NO \_\_\_ IF YES, PLEASE EXPLAIN:
- DOES YOUR CHILD RECEIVE SPECIAL EDUCATION SERVICES? YES \_\_\_\_\_ NO \_\_\_\_\_
  - IF YES, PLEASE DESCRIBE: \_\_\_\_\_
- DOES YOUR CHILD HAVE ANY MEDICAL CONCERNS? YES \_\_\_\_\_ NO \_\_\_\_\_
  - IF YES, PLEASE EXPLAIN:
- DOES YOUR CHILD TAKE ANY SPECIAL MEDICATION? YES \_\_\_\_\_ NO \_\_\_\_\_
  - IF YES WHAT MEDICATION:
  - WHEN/HOW IS IT ADMINISTERED?

1. We are registered in Sacred Hearts Parish. Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, envelope #

If not a parishioner: We would like to become a full member of Sacred Hearts Parish. Yes \_\_\_\_\_ No \_\_\_\_\_ 2. Do you belong to another parish? Yes \_\_\_ No \_\_\_ If yes, which parish?

3. We worship at Sacred Hearts Parish. Regularly \_\_\_\_\_ Sometimes \_\_\_\_\_

4. We are practicing members of another parish. Yes \_\_\_\_\_ No \_\_\_\_\_

Name of other Parish: \_\_\_\_\_ Location: \_\_\_\_\_

5. We have been given a Statement of the Admission Policy of Sacred Hearts School. Yes \_\_\_\_\_ No \_\_\_\_\_

6. We understand the tuition plan options for Sacred Hearts School. Yes \_\_\_\_\_ No \_\_\_\_\_

7. Did you attend Sacred Hearts School? Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_ Year of Graduation \_\_\_\_\_

8. Do you have any other children who may be attending Sacred Hearts School in the future? Yes \_\_\_ No \_\_\_\_\_

If yes, please list the child's name and the year he/she would be attending.

\_\_\_\_\_

Please read carefully and sign:

I have completed this application and have attached a copy of my child's most recent physical form including immunization records, a copy of my child's birth certificate and baptismal certificate, the "New Student Checklist", and the Classroom Teacher Recommendation Form (only for students entering Grades 1 - 8) . I have enclosed a check in the amount of \$200 payable to SHS. I understand this is a one time non-refundable application fee.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

\_\_\_ Medical Form

\_\_\_ Birth Certificate

\_\_\_ Baptismal Certificate

\_\_\_ New Student Checklist

\_\_\_ Teacher Recommendation (Grades 1-8 Only)

\_\_\_ Application Fee

Rev 12/2009