



# Sacred Heart School

## L'Anse, Michigan

Application Fee		Time/date received		Baptismal Certificate	
Birth Certificate		Health Form		Immunization Record/Waiver	
Report Cards		Test Scores		Custody Decree	
Confidential Teacher Evaluation		Parish Verification		Catholic/Non-Catholic	

OFFICE USE ONLY

### APPLICANT INFORMATION

(PLEASE PRINT. Leave no blank spaces. For questions that do not apply, write "N/A.")

Student's legal name \_\_\_\_\_  
(Last) (First) (Middle)

Applying for school year 20\_\_\_\_ Grade \_\_\_\_ Repeating a grade? \_\_\_Yes \_\_\_No

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ (M/F) Birthplace (city, state, country) \_\_\_\_\_

Home address \_\_\_\_\_  
(Street and Number) (City) (State)

Home phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email to be used for official school communication \_\_\_\_\_

Public school system in which student resides \_\_\_\_\_ Public school child would attend \_\_\_\_\_

Religion \_\_\_\_\_ Baptized in that religion? \_\_\_Yes \_\_\_No

### FOR CATHOLIC APPLICANTS

Catholic parish where registered \_\_\_\_\_  
(Name) (Address)

#### SACRAMENTAL INFORMATION

#### DATE

#### CHURCH (name, city, state)

Baptism \_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Reconciliation \_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

First Eucharist \_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Confirmation \_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

### ACADEMIC HISTORY

#### NAME OF PREVIOUS SCHOOL

#### SCHOOL YEAR

#### GRADES

#### LOCATION

#### Telephone

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPLICATION FOR ADMISSION

**Mother**

**Father**

**Guardian**

Full Name \_\_\_\_\_

Maiden name: \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work email \_\_\_\_\_

Alumni/Graduation Year: \_\_\_\_\_

Full Name \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work email \_\_\_\_\_

Alumni/Graduation Year: \_\_\_\_\_

Full Name \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work email \_\_\_\_\_

Alumni/Graduation Year: \_\_\_\_\_

Marital status:  Married  Single  Separated  Divorced  Mother deceased  Father deceased  Mother remarried  Father remarried  
*(NOTE: In cases of divorce, a decree of custody, as well as any specific instructions regarding release of the child to a parent, must be submitted with this application.)*

Student lives with:  Both parents one home  Both parents part time  Mother  Father  Guardian

Siblings	Date of Birth	School Attending

## ADDITIONAL INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your student ever been suspended, dismissed, expelled, or not permitted to re-enroll in a school?  If yes, please give the name of the school and explain the reasons on a separate sheet of paper.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your student ever been tested or evaluated for any disability [i.e., learning disabilities, attention deficit (hyperactivity) disorder, emotional disabilities, etc.], English as a second language, or medical condition?  If yes, please describe on a separate sheet of paper any disability or medical condition that may affect the applicant's ability to participate fully in the academic and/or other programs provided at our school. If applicable, please provide dates of IEP, 504 Plan, Student Assistance Plan, and any other relevant documents.

If you are requesting an adjustment or accommodation to allow participation to any program, please describe your request on a separate sheet of paper. Please provide sufficient evidence to allow us to assess your situation. We may request additional information from you and an appropriate health professional.

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission

## ETHNICITY OF CHILD

The following optional but helpful information is for use in applying for federal grants and for the NCEA (National Catholic Educational Associations) data bank.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> American Indian/Native Alaskan | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> White                            | <input type="checkbox"/> All others      |
| <input type="checkbox"/> Black                          | <input type="checkbox"/> Multi-racial                     |  |

## NAME OF PERSON RESPONSIBLE FOR TUITION/FEES

Name \_\_\_\_\_  
(Last) (First) (Middle)

Home address \_\_\_\_\_  
(Street and Number) (City) (State) (Zip code)

Phone \_\_\_\_\_ Email address \_\_\_\_\_

## Application Checklist

To be considered for admission, the following items are required.

- \_\_\_ Completed application, signed and dated
- \_\_\_ Non-refundable application fee (\$50.00 for new families)
- \_\_\_ Copy of birth certificate (original presented to school personnel for verification after child is accepted)
- \_\_\_ Copy of baptismal certificate (Catholics only) and other sacramental certificates (if applicable)
- \_\_\_ School records (sent directly from applicant's current school): Current and two previous academic years' report cards (including comments) **and** standardized test scores
- \_\_\_ Immunization record
- \_\_\_ Health Appraisal Form (must be submitted prior to beginning of school year)
- \_\_\_ Copy of custody decree (if applicable)

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Printed name of parent/guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian



Sacred Heart School

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L'Anse, MI 49946

906 - 524 - 5157

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