



**SACRED HEART ACADEMY
NEW STUDENT APPLICATION**
EC-3 through Kindergarten

Please print or type the answers completely to the best of your knowledge, and sign and date the application. Once complete, please send application and other forms to Sacred Heart Academy, 3515 N. Florida Ave., Tampa, FL 33603.

GRADE APPLICANT WISHES TO ENTER: (Please choose one.)

Early Childhood

- EC-3
- EC-4

Elementary

- K 3rd
- 1st 4th
- 2nd 5th

Middle School

- 6th
- 7th
- 8th

INTENDED ENTRANCE DATE: FALL 20____ WINTER 20____

APPLICANT INFORMATION:

(Applicant's First Name) (Middle Name) (Last Name) (Preferred Name)

(Street Address) (City) (State) (Zip Code)

(_____) _____ - _____
(Home Phone Number) (Family E-mail Address)

_____/_____/_____
(Date of Birth) Male Female _____ - _____ - _____
(Social Security #)

Ethnicity: (Optional)

- American Indian or Alaskan Native Asian Black or African American Hispanic/Latino
- Middle Eastern Multiethnic White Other _____

Is applicant a U.S. Citizen? Yes No If not, country of citizenship: _____

Place of Birth: (City and State) _____

Applicant's Religion: _____

If Catholic, Family's Local Parish: _____

Baptism: _____
(Year) (Church) (City/State)

First Communion: _____
(Year) (Church) (City/State)

Confirmation: _____
(Year) (Church) (City/State)

Languages Spoken in the Home: (Please check all that apply.) English Spanish Other (specify) _____

FAMILY INFORMATION

Parents are: Married Separated Divorced Father Deceased Mother Deceased Single Parent
(Please check all that apply.)

Child lives with: Father Mother Stepfather Stepmother Other (specify) _____
(Please check all that apply.)

If divorced, who has legal custody? _____ Who is financially responsible for the child? _____

Is the child adopted? Yes No

FATHER

Lives with child? Yes No
Has legal custody? Yes No
Emergency Contact? Yes No

Dr./Mr./Military Rank (circle or indicate)

(First Name) (Last Name)

(Home Address - if different from child's)

(City) (State) (Zip Code)

(_____) - _____ (_____) - _____
(Home Phone) (Cell Phone)

(Profession/Employer) (Position)

(Business Address)

(City) (State) (Zip Code)

(_____) - _____ (_____) - _____
(Business Phone) (Ext.) (Business Fax)

Sacred Heart graduate? Yes No Year _____

MOTHER

Lives with child? Yes No
Has legal custody? Yes No
Emergency Contact? Yes No

Dr./Mrs./Ms./Military Rank (circle or indicate)

(First Name) (Last Name)

(Home Address - if different from child's)

(City) (State) (Zip Code)

(_____) - _____ (_____) - _____
(Home Phone) (Cell Phone)

(Profession/Employer) (Position)

(Business Address)

(City) (State) (Zip Code)

(_____) - _____ (_____) - _____
(Business Phone) (Ext.) (Business Fax)

Sacred Heart graduate? Yes No Year _____

GUARDIAN/STEPPARENT INFORMATION (Fill out if applicable. If not, please proceed to Sibling Information section.)

Relation to Applicant: _____

Lives with child? Yes No
Has legal custody? Yes No
Emergency Contact? Yes No

Dr./Mr./Military Rank (circle or indicate)

(First Name) (Last Name)

Relation to Applicant: _____

Lives with child? Yes No
Has legal custody? Yes No
Emergency Contact? Yes No

Dr./Mrs./Ms./Military Rank (circle or indicate)

(First Name) (Last Name)

GUARDIAN/STEPARENT INFORMATION CONT.

(Home Address - if different from child's)

(City) (State) (Zip Code)

(____) - _____ (____) - _____
(Home Phone) (Cell Phone)

(Profession/Employer) (Position)

(Business Address)

(City) (State) (Zip Code)

(____) - _____ (____) - _____
(Business Phone) (Ext.) (Business Fax)

Sacred Heart graduate? Yes No Year _____

(Home Address - if different from child's)

(City) (State) (Zip Code)

(____) - _____ (____) - _____
(Home Phone) (Cell Phone)

(Profession/Employer) (Position)

(Business Address)

(City) (State) (Zip Code)

(____) - _____ (____) - _____
(Business Phone) (Ext.) (Business Fax)

Sacred Heart graduate? Yes No Year _____

SIBLING INFORMATION

(Name) (Age/Grade) (School Attending)

(Name) (Age/Grade) (School Attending)

(Name) (Age/Grade) (School Attending)

(Name) (Age/Grade) (School Attending)

How did you hear about Sacred Heart Academy? _____

Reasons for choosing Sacred Heart Academy: _____

I attest that all information included on the application is true and accurate. I understand that any willful omission or untrue statements may warrant the non-acceptance or dismissal of my child from Sacred Heart Academy.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____