



**SACRED HEART ELEMENTARY SCHOOL**  
325 EMERSON STREET PITTSBURGH, PA 15206 412-441-1582

**Dear Parents,**

Thank you for your interest in Sacred Heart Elementary School. Enclosed are initial registration materials and information about the school which may interest you. Applications for students new to Sacred Heart should be submitted promptly so that plans can be made for the coming year. If you are a Catholic family moving into Pittsburgh and intend on joining Sacred Heart Parish, please register at the Parish Office (412-661-0187).

Sacred Heart's age admission policy is as follows:

1. Students entering the Three-year-old Preschool program must be three by September 1;
2. Students entering the Four-year-old Preschool program must be four by September 1;
3. Students entering Kindergarten must be five by September 1;
4. Students entering Level 1 must be six by September 1.

The following are required to finalize the registration process:

1. Completed application form (two sides, K-8);
2. Non-refundable application fee of \$75, which is applicable to tuition and a \$25 processing fee;
3. Child's birth certificate (Original must be copied in the school office.);
4. Child's baptismal certificate (if applicable);
5. Child's immunization certificate;
6. Records from previous school(s) and two letters of recommendation for students entering Levels 2-8.

You may register at the school office during the hours of 9:00 am to 2:30 pm or by mail. If you wish to schedule a tour, please call the office at 412-441-1582 for an appointment to tour the building and visit classes.

We are happy to help you in this important educational decision and hope to be able to welcome you and your child to the Sacred Heart family.

Sincerely,

Sister Lynn Rettinger  
Principal

Office Use:  
Registration Fee Paid  
Check Number \_\_\_\_\_  
Cash \_\_\_\_\_  
Date:

## APPLICATION FOR 3-YEAR PRESCHOOL ADMISSION

INITIAL APPLICATION DATE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

THREE YEAR OLD PRESCHOOL Please circle choice of: 2 MORNINGS OR 2 FULL DAYS

CHILD'S NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Last First Middle

**FAMILY MAILING ADDRESS:**

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

Month Day Year

Verified by Certificate: Yes \_\_\_\_\_ No \_\_\_\_\_ Certificate # \_\_\_\_\_

RELIGION \_\_\_\_\_ PARISH AFFILIATION \_\_\_\_\_

PUBLIC SCHOOL DISTRICT IN WHICH CHILD RESIDES \_\_\_\_\_

**Father's Name in Full:**

**Mother's Name in Full:**

\_\_\_\_\_

\_\_\_\_\_

Education \_\_\_\_\_

Education \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

**Check if Any Apply:** \_\_\_\_\_ Parents Married \_\_\_\_\_ Parents Separated \_\_\_\_\_ Parents Divorced \_\_\_\_\_ Single Parent  
\_\_\_\_\_ Mother Remarried \_\_\_\_\_ Father Remarried \_\_\_\_\_ Mother Deceased \_\_\_\_\_ Father Deceased

With whom is the Applicant living? \_\_\_\_\_ Who is legal guardian? \_\_\_\_\_

NUMBER OF CHILDREN IN THE FAMILY? \_\_\_\_\_ Boys: Ages \_\_\_\_\_ Girls: Ages \_\_\_\_\_

(Please star\* the applicant)

\_\_\_\_\_

\_\_\_\_\_

**In Case of Sickness or Emergency: Please indicate who we should contact first, second, etc.**

\_\_\_\_\_ Mother: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Father: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_ Phone \_\_\_\_\_

**Hospital To Which Child Should Be Taken:** \_\_\_\_\_

▪The completed application form is to be accompanied by a \$100.00 non-refundable registration fee made payable to: Sacred Heart School (\$75 is applicable to tuition; \$25 processing fee).

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Parent or Guardian \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Race/Ethnicity:  White  Black  Asian or Pacific Islander  American Indian or Alaskan Native  
 Hispanic Origin:  Yes  No  
 Please Circle Present Grade K 1 2 3 4 5 6 7 8 9 10 11 12 Other \_\_\_\_\_

**PENNSYLVANIA DEPARTMENT OF HEALTH – CERTIFICATE OF IMMUNIZATION**

VACCINE Circle appropriate item	Enter Month, Day, and Year Each Immunization Was Given				
	DOSES				
Diphtheria and Tetanus (DTaP, DTR, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 / /
Tetanus, Diphtheria and Acellular Pertussis (Tdap)*	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /	4 / /	5 / /
Measles - Mumps - Rubella (MMR)	1 / /	2 / /	or Measles Serology Date Titer		
Varicella (Vaccine or Disease)	1 / /	2 / /	Rubella Serology Date Titer		
Meningococcal (MCV)*	1 / /	2 / /	Mumps disease diagnosed by a physician: Date		
Other	1 / /	2 / /			

\*Age appropriate dose of MCV and Tdap are required for entry into 7th grade.

H502.320 Rev. 12/05

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Parent or Guardian \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Please Circle Present Grade K 1 2 3 4 5 6 7 8 9 10 11 12 Other \_\_\_\_\_

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW**

**MEDICAL EXEMPTION**

The physical condition of the above-named child is such that immunization would endanger life or health.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (PHYSICIAN)

**RELIGIOUS EXEMPTION**

(Includes a strong moral or ethical conviction similar to a religious belief.)

Parent or guardian of the above-named child adheres to a religious belief whose teachings are opposed to such immunizations.

State your reason for requesting a religious exemption \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (PARENT OR GUARDIAN)