



**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.

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



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, DTP, 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 \_\_\_\_\_

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