



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



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Office Use:
Registration Fee Paid _____
Check Number _____
Cash _____
Date: _____

APPLICATION FOR ADMISSION

INITIAL REGISTRATION DATE _____

GRADE LEVEL IN 2011-2012 _____

CHILD'S NAME _____ M _____ F _____
Last First Middle

FAMILY MAILING ADDRESS:

NAME _____ TELEPHONE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

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: _____

Physician: _____

SACRAMENTAL RECORD:

	Date	Church	City, State	Verified
BAPTISM	_____	_____	_____	_____
RECONCILIATION	_____	_____	_____	_____
EUCCHARIST	_____	_____	_____	_____
CONFIRMATION	_____	_____	_____	_____

ENTERED FROM: SCHOOL _____
ADDRESS _____
CITY/STATE _____
PRINCIPAL'S NAME _____

DOES YOUR CHILD CURRENTLY HAVE AN IEP? YES _____ NO _____

If my child/children are non-Catholic, I do permit my child/children to attend religion classes with the other children in the school. I also give permission for him/her to attend all religious functions of the school/church.

Parent Signature

BUS INFORMATION:

It is the policy of the Board of Public Education to provide bus transportation to “Any pupil living one and one half miles or more from his elementary school...” Any parent wishing bus transportation for his child should fill out and sign the form below with verification of the one and one half mile limit.

I hereby certify that my child/children live one and one half miles or more from the school and I **would** _____ **would not** _____ like to receive bus transportation.

Parent Signature

NO APPLICATION FOR ADMISSION CAN BE PROCESSED WITHOUT THE FOLLOWING:

- The completed application form is to be accompanied by a \$100.00 non-refundable fee, made payable to: Sacred Heart School (\$75 is applicable to tuition; \$25 processing fee)
- Academic transcripts, latest achievement test scores, results of any psychological testing, recommendation from the principal and a current teacher.
- Information should be forwarded to Sacred Heart Elementary School.



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RECOMMENDATION

Name of Applicant _____

Applying for admission to grade _____ beginning _____

This student is seeking admission to Sacred Heart Elementary School. The principal would appreciate your appraisal of this student. We thank you for your cooperation and assure you that the information you submit will be held in confidence and does not become part of the child's permanent record. If you wish to discuss this student personally, rather than complete this form, please check here____, sign the form, and note your telephone number. The principal will contact you.

1. How long have you known the applicant, and in what capacity?

2. Please rate the applicant on the following areas and comment if desired or needed:

Academic Ability

Superior _____ Good _____ Fair _____ Poor _____

Academic Performance

Superior _____ Good _____ Fair _____ Poor _____

Self-discipline (follows school and classroom rules)

Superior _____ Good _____ Fair _____ Poor _____

Study Habits (completes homework and class work independently)

Superior_____ Good_____ Fair_____ Poor_____

Peer-relations

Superior_____ Good_____ Fair_____ Poor_____

3. Are you aware of any special needs or strengths the applicant may have?

4. Additional Comments:

Please print your name_____

School Name_____

Address_____

City_____ State_____ Zip_____

Signature_____ Date_____



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Peer-relations

Superior_____ Good_____ Fair_____ Poor_____

3. Are you aware of any special needs or strengths the applicant may have?

4. Additional Comments:

Please print your name_____

School Name_____

Address_____

City_____ State_____ Zip_____

Signature_____ Date_____

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 _____

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 _____

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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		
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AUTHORIZATION FOR RELEASE OF INFORMATION

(Parent or guardian: Please complete this form and forward it to your child's current school.)

I authorize _____
Name of current school, department, agency or school district

Address

to release information to: Sacred Heart Elementary School
325 Emerson Street
Pittsburgh, PA 15206

in regard to _____
Name of Student Current Grade

Information to be forwarded includes: Academic Records
Health and Dental Records
Other available school records including results of psychological testing
Letters of recommendation from Principal and/or Teacher

This information is to be used for professional purposes only and will be held in strict confidence.

Signature of Parent or Guardian

Date