



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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APPLICATION FOR PRESCHOOL ADMISSION

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

INITIAL APPLICATION DATE _____ SCHOOL YEAR _____

FOUR YEAR OLD PRESCHOOL Please circle choice of: 3 MORNINGS OR 3 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).



SCHOOL IMMUNIZATION REGULATIONS

Allegheny County School Districts

2009-2010

ALL GRADES K-12

- ✓ 4 doses of tetanus (1 dose on or after the 4th birthday); 3 doses if series started after 7 years of age
- ✓ 4 doses of diphtheria (1 dose on or after the 4th birthday); 3 doses if series started after 7 years of age
- ✓ 3 doses of polio
- ✓ 2 doses of measles
- ✓ 2 doses of mumps
- ✓ 1 dose of rubella
- ✓ 3 doses of hepatitis B
- ✓ 2 doses of varicella or written statement from physician/designee indicating month and year of disease or serologic proof of immunity

GRADES 7-12

- ✓ 1 dose of tetanus/diphtheria/pertussis (Tdap)
- ✓ 1 dose of meningitis vaccine (MCV4)

