



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

SACRAMENTAL RECORD:

Verified	Date	Church	City, State
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.

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.

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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)