

APPLICATION FOR ADMISSION

ACADEMY OF THE SACRED HEART

STUDENT

Date: _____

Full name: _____
Street City State Zip

Address: _____

Applying for grade: _____ Expected date of admission: _____ Birth date: _____
(month / day / year)

Citizenship: _____ Place of Birth: _____

Religion: _____ Place of worship: _____

FATHER

Full name: _____
(Please include title, Dr., Mr., etc.) First Middle Last

Address: _____
Street City State Zip

Phone: _____ (Home) _____ (Cell) _____ (Work)

Place of employment: _____ Title: _____

Address: _____ Email: _____

High school and college(s) attended: _____

MOTHER

Full name: _____
(Please include title, Dr., Mr., etc.) First Middle Last

Address: _____
Street City State Zip

Phone: _____ (Home) _____ (Cell) _____ (Work)

Place of employment: _____ Title: _____

Address: _____ Email: _____

High school and college(s) attended: _____

STEP-PARENT / GUARDIAN

Full name: _____
(Please include title, Dr., Mr., etc.) First Middle Last

Address: _____
Street City State Zip

Phone: _____ (Home) _____ (Cell) _____ (Work)

Place of employment: _____ Title: _____

Address: _____ Email: _____

High school and college(s) attended: _____

SCHOLASTIC INFORMATION

Applicant's current or most recent school: _____ Grades attended: _____

Address: _____
Street City State Zip

Principal or Head: _____ Phone: _____

Reason for leaving current school: _____

Please list other schools to which applicant is applying or plans to apply for admission. _____

OTHER SCHOOLS ATTENDED

Name of School	Location	Grades	Dates
_____	_____	_____	_____
_____	_____	_____	_____

Has applicant been suspended from or asked to leave any school? Yes No If yes, please explain: _____

Has applicant been referred to a school counselor or outside professional for any of the following: academic difficulties, emotional issues, social challenges, behavioral difficulties, distraction, impulsivity, other? Yes No

If yes or other, please explain circumstances: _____

How did you hear about Schools of the Sacred Heart? _____

MEDICAL HISTORY

Please describe any illnesses, diseases or physical disabilities which either have affected or may affect applicant's general health, his schoolwork or his participation in the school's athletic programs. _____

EVALUATION HISTORY

Has applicant ever undergone psychological testing? Yes No

Has applicant ever undergone educational testing? Yes No

If so, please provide the name and contact information for the professional(s), as well as copies of any reports rendered.

Name: _____ Address: _____

Phone: _____ Approximate date of evaluation: _____

Diagnosis: _____

Is applicant currently taking medication? Yes No

If so, please list the type of medication and dosage. _____

LANGUAGES

Is English applicant's first language? Yes No

Does applicant speak any other languages? Yes No If yes, what languages? _____

FAMILY INFORMATION

Are both parents living? Yes No Married Separated Divorced
 Father Remarried Mother Remarried

Applicant is living with Parents Father Mother

Other (please specify): _____

If applicant's parents are divorced, which parent has legal responsibility for:

School related decisions: _____ School bills: _____

Custody of the student: _____ Receiving school communications: _____

Upon enrollment, documentation of custody agreement must be provided to the school.

Are you interested in applying for financial assistance? Yes No

SIBLINGS

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRANDPARENTS

Paternal Grandmother: _____ Spouse's first name _____
Please include title, Dr. Mr., etc.

Address: _____ Phone: _____
Street City State Zip

Paternal Grandfather: _____ Spouse's first name _____
Please include title, Dr. Mr., etc.

Address: _____ Phone: _____
Street City State Zip

Maternal Grandmother: _____ Spouse's first name _____
Please include title, Dr. Mr., etc.

Address: _____ Phone: _____
Street City State Zip

Maternal Grandfather: _____ Spouse's first name _____
Please include title, Dr. Mr., etc.

Address: _____ Phone: _____
Street City State Zip

SACRED HEART ALUMNAE / ALUMNI

Does applicant have relatives who attend or attended Sacred Heart schools? Yes No

If yes, please give names, relationship, school, and years attended: _____

PARENT ESSAYS

Please share with us a candid assessment of your child. What are his strengths and limitations?
What should we know about him that we might not otherwise learn through the application process?

Why do you wish for your child to attend our school?

Schools of the Sacred Heart commits to educate its students to: a personal and active faith in God, a deep respect for intellectual values, a social awareness that impels to action, the building of community as a Christian value, and personal growth in an atmosphere of wise freedom. How might these goals address the hopes you have for your child?

By signing below, I grant permission to the Schools of the Sacred Heart to obtain my child's school records, as well as to contact the references and professionals I have listed on this application. In addition, I waive my right of access to confidential assessment and evaluation material at any time.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Academy of the Sacred Heart • Berchmans Academy

1821 Academy Road | P O Box 310 | Grand Coteau, Louisiana 70541
337.662.5275 | Fax 337.662.3011 | www.sshcoteau.org

Rec. _____

Ck# _____

Amount _____



TRANSCRIPT RELEASE

Please complete the following form and submit it to the Registrar or appropriate person at your child's current school, as well as at any other schools she has attended since beginning her education. You should copy this form as needed in order to submit it to additional schools.

Student Name	Current Grade
School Name	Years Attended
School Address	School Phone

RECORDS REQUEST

ACADEMIC RECORDS

Please send all past grades as well as the most current grades available. We will also need a complete transcript at the end of the current year if the student matriculates.

STANDARDIZED TEST SCORES

Please send standardized test results for all years available.

The Admissions Committee cannot consider any materials that are hand-delivered through the applicant's family. Please retain a copy of this form for your records and return the original along with the requested items directly to:

Admissions Office

Schools of the Sacred Heart
P.O. Box 310
Grand Coteau, LA 70541

PARENT WAIVER

By signing below, I grant permission to the Schools of the Sacred Heart to obtain my child's school records as outlined above. I agree that I will not seek access to these or any other confidential evaluation materials at any time.

Signature of Parent or Guardian

Date