

# APPLICATION FOR ADMISSION

STUDENT	<p>Date: _____ <b>BERCHMANS ACADEMY OF THE SACRED HEART</b></p> <p>Full name: _____ <small>Street City State Zip</small></p> <p>Address: _____</p> <p>Applying for grade: _____ Expected date of admission: _____ Birth date: _____ <small>(month / day / year)</small></p> <p>Citizenship: _____ Place of Birth: _____</p> <p>Religion: _____ Place of worship: _____</p>
FATHER	<p>Full name: _____ <small>(Please include title, Dr., Mr., etc.) First Middle Last</small></p> <p>Address: _____ <small>Street City State Zip</small></p> <p>Phone: _____ (Home) _____ (Cell) _____ (Work)</p> <p>Place of employment: _____ Title: _____</p> <p>Address: _____ Email: _____</p> <p>High school and college(s) attended: _____</p>
MOTHER	<p>Full name: _____ <small>(Please include title, Dr., Mr., etc.) First Middle Last</small></p> <p>Address: _____ <small>Street City State Zip</small></p> <p>Phone: _____ (Home) _____ (Cell) _____ (Work)</p> <p>Place of employment: _____ Title: _____</p> <p>Address: _____ Email: _____</p> <p>High school and college(s) attended: _____</p>
STEP-PARENT / GUARDIAN	<p>Full name: _____ <small>(Please include title, Dr., Mr., etc.) First Middle Last</small></p> <p>Address: _____ <small>Street City State Zip</small></p> <p>Phone: _____ (Home) _____ (Cell) _____ (Work)</p> <p>Place of employment: _____ Title: _____</p> <p>Address: _____ Email: _____</p> <p>High school and college(s) attended: _____</p>

### 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](http://www.sshcoteau.org)

Rec. \_\_\_\_\_

Ck# \_\_\_\_\_

Amount \_\_\_\_\_



**B E R C H M A N S**  
ACADEMY OF THE SACRED HEART  
GRAND COTEAU

## 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 he has attended since beginning his education. You should copy this form as needed in order to submit it to additional schools.

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Student Name

Current Grade

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School Name

Years Attended

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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.

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Signature of Parent or Guardian

Date