



701 Franklin St. • West Reading, PA 19611 • 610-373-3316 • www.sacredheartreading.com

ADMISSIONS APPLICATION

(Online application available at www.sacredheartreading.com)

PLEASE PRINT ALL INFORMATION

Catholic _____ Non-Catholic/Religion _____

PARISH IN WHICH YOU ARE REGISTERED _____

Date of Application _____ Entering Grade: _____

Student's Name

(Last) (First) (Middle)

Address _____
Street and/or P.O. Box

City State Zip Code

Area Code/Home Phone Number _____

Date of Birth _____ Male: _____ Female: _____ Place of Birth _____

Country City State

Ethnic Background: Caucasian African American Hispanic Asian Bi-racial Other Latino Non-Latino

Race: Amer.Indian/Native American Asian Black Native HI Pacific Isl White Bi-Racial Unknown

Public School District of Residence: _____

Will your child be a: Bus Rider: _____ Car Rider: _____ Walker: _____

PARENT'S INFORMATION:

FATHER

Name (first/last) _____

Address _____

City, State, Zip _____

Religion _____

Occupation _____

Employer _____

Work Phone Number _____

Cell Phone Number _____

E-Mail Address _____

Country of Birth _____

MOTHER

Name (first/last) _____

Address _____

City, State, Zip _____

Religion _____

Occupation _____

Employer _____

Work Phone Number _____

Cell Phone Number _____

E-Mail Address _____

Country of Birth _____

Mother's Maiden Name _____

Parent's Marital Status: _____ Married _____ Divorced _____ Separated _____ Widow _____ Widower _____ Single
Custody _____

Full Name of Stepparent/Guardian _____

(See Addendum #1) (Last) (First) (Middle)

Student Resides With: _____ Parents _____ Mother _____ Father _____ Other

(If other, explain completely giving names and relationships.)

Student's Name _____
Last First Middle

SACRAMENTAL INFORMATION:

Baptism: Date _____ Church _____
City/State _____

Reconciliation: Date _____ Church _____
City/State _____

First Communion: Date _____ Church _____
City/State _____

Confirmation: Date _____ Church _____
City/State _____

SCHOOL INFORMATION:

School Previously Attended _____
Address _____

MEDICAL INFORMATION:

Special Medical Information _____
Family Doctor _____ Phone Number _____

Please list the names, ages, and schools of all children in the family:

| Name (First/Last) | Age | School |
|-------------------|-------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Is another language spoken at home? Yes/No
If yes, what language _____

SIGN AND PRINT

Print Name _____

Signature of Parent or Guardian _____

Student's Name

Last

First

Middle

ADDENDUM # 1

In an effort to acknowledge the rights of parents regarding access of information, we ask that you submit any court documentation that substantiates your legal status as it relates to the child being enrolled in Sacred Heart School.

Applicable_____

Not Applicable_____

Signature

Date

Please note: The above documents must be submitted to the school as soon as possible, so your application may be processed. If this addendum does not apply, check "Not Applicable" date and sign.

