



# Academy of the Sacred Heart

## APPLICATION FOR ADMISSION

### Applicant Information

Applicant's name: \_\_\_\_\_  
*Last First Middle Preferred*

Address: \_\_\_\_\_  
*Street City State Zip code*

Contact information: \_\_\_\_\_  
*Home phone E-mail address*

Class applying for: \_\_\_\_\_ Year: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Religious affiliation: \_\_\_\_\_ Place of worship: \_\_\_\_\_

Date and location of Baptism: \_\_\_\_\_

Date and location of First Communion: \_\_\_\_\_

Date and location of Confirmation: \_\_\_\_\_

Subdivision: \_\_\_\_\_ School District: \_\_\_\_\_

### Family Information

Father's name: \_\_\_\_\_ ( ) Steppfather ( ) Guardian  
*Title First Middle Last Preferred*

Home address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business name: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_

Mother's name: \_\_\_\_\_ ( ) Stepmother ( ) Guardian  
*Title First Middle Last Preferred*

Home address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business name: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_

Check if appropriate: ( ) Parents separated ( ) Parents divorced ( ) Mother or ( ) Father remarried ( ) Mother or ( ) Father deceased

Did you or your spouse attend a Sacred Heart School: ( ) No ( ) Yes ( ) in St. Charles ( ) another location \_\_\_\_\_

APPLICATION FOR ADMISSION *continued*

### Scholastic Information

Applicant's current school/preschool: \_\_\_\_\_

School address: \_\_\_\_\_  
*Street City State Zip code*

Grades attended: \_\_\_\_\_ Principal/Director: \_\_\_\_\_ Phone: \_\_\_\_\_  
*please include title (Mr., Mrs., Ms., Dr., etc.), first and last names*

Please list any other schools the applicant has attended:

<i>School name</i>	<i>Location</i>	<i>Grade(s)</i>	<i>Dates</i>

### Additional Information

References: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Applicant's siblings:

<i>Name</i>	<i>Age</i>	<i>Grade</i>	<i>School</i>

### Notice of Non-Discrimination Policy

The Academy of the Sacred Heart does not discriminate on the basis of race, color, national or ethnic origin in admission of students or in the administration of its educational or athletic programs.

I agree to support the school administration in the upholding of the rules and regulations.

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to: Admissions Office, Academy of the Sacred Heart, 619 North Second Street, St. Charles, MO 63301

Please make certain you have enclosed the following: A) \$100 application fee (NON-REFUNDABLE; check made payable to Academy of the Sacred Heart)  
B) Baptismal certificate (if applicable)