



Sacred Heart Cathedral School

Admission Application

Kindergarten - Grade 8

APPLICATION FOR ADMISSION

Sacred Heart Cathedral School

Grade Applying for: _____

Fee Pd: _____

Child's Full Name _____
(Last, First, Middle) (Goes by) (Sex)

Address _____

City/ST/Zip _____

Phone _____ Date of Birth _____ Social Security No _____
(Required by the State of Tennessee)

Place of birth (city/state) _____ Citizen of U.S. _____ Other _____

Ethnic Origin Caucasian _____ African-American _____ Asian _____
Amer. Indian _____ Hispanic _____ Other _____

Is a language other than English spoken in you home? _____ If so, what language is spoken at home? _____

What is your child's first language? _____

Religion _____ (If Catholic: Practicing _____ Non-Practicing _____ Candidate _____ Caetchumen _____)

Parish at which family is registered _____

Public School District for which you are zoned _____

Sibling(s) currently attending Catholic School _____ School/Grade _____
_____ School/Grade _____

PERMANENT RECORD - SACRAMENTAL INFORMATION

Date	Name of Church	City/State
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Baptism: _____

Reconciliation: _____

First Communion: _____

PARENT/GUARDIAN INFORMATION

Title () Dr. () Mr.

Name _____

Relation to student () Father () Step-Father
() Other

Address (if different) _____

Home Phone _____

SSN _____ - _____ - _____

Employer _____

Occupation _____

Work Phone _____

Other Phone(cell, pager) _____

Email Address _____

Religion _____

If Catholic: Practicing _____ Non-Practicing _____
Candidate _____ Catechumen _____

Marital Status _____

Title () Dr. () Mrs. () Ms.

Name _____

Relation to student () Mother () Step-Mother
() Other

Address (if different) _____

Home Phone _____

SSN _____ - _____ - _____

Employer _____

Occupation _____

Work Phone _____

Other Phone(cell, pager) _____

Email Address _____

Religion _____

If Catholic: Practicing _____ Non-Practicing _____
Candidate _____ Catechumen _____

Marital Status _____

Medical Information:

Family Physician: _____ Telephone: _____

Any Health or Physical Limitations (allergies) _____

List of medications taken routinely and their purpose. _____

Family Dentist: _____ Telephone: _____

Insurance company & policy# _____

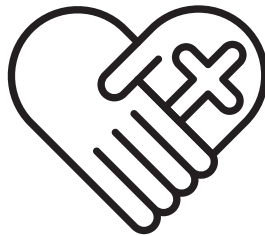
Who to contact in case of emergency & phone #s _____

If the above may not be reached, 3 people who we may call and their phone numbers:

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____



**Sacred Heart
Cathedral School**
Faith · Family · Future