



**SACRED HEART
CATHEDRAL SCHOOL**
EST. 1956

Date: _____

Child's Name: _____

(Please list the names of all your children if applicable)

Parish/Church: _____

Priest/Pastor: _____

How long has this family been registered with your parish/church? _____

Does this child actively worship in the Church community?

Yes No Unknown

Does this child participate in any church activity (youth group, altar serving, etc.)?

Yes No Unknown

Do this child's parents demonstrate an active role in their own faith and the development of their child's faith?

Yes No Unknown

Other information I would like you to know about this child or his/her family?

I (do / do not) recommend this child for enrollment in Sacred Heart Cathedral School.

Priest/Pastor Signature:

If you are not a member of a Church/Parish, please select an option below and submit the blank form as part of the SHCS application.

_____ *We are not currently affiliated with a Church/Parish.*

_____ *We are actively looking for a Church/Parish, but are not yet members.*