



1035 Canterbury St., Roslindale, MA, 02131
617-323-2500, SacredHeart-Boston.org

Application for 2017/2018

Admissions Policy:

Sacred Heart School admits students of any race or ethnic origin to all rights, privileges, programs, and activities generally available to students at the school.

Date _____ Student's

Name _____
(last/first/middle)

Grade Applying _____ Male ___ Female ___

Telephone _____ Cell Phone _____

Address _____
No. Street Town Zip

How long has the student lived at this address? _____

Date of Birth _____ Place of Birth _____
(month/day/year) (city/state/zip)

Baptism Date _____ Church & Location _____

Communion Date _____ Church & Location _____

Marital Status: Married ___ Divorced ___ Separated ___ Single ___ Widowed ___

Student Lives With: Both Parents ___ Mother ___ Father ___ Guardian ___

Father/Guardian

Name _____

Address _____

How long at present address _____

Home Phone _____

Cell Phone _____

Email address _____

Occupation _____

Business Address _____

Business Phone _____

College/Univ. _____

Mother/Guardian

Name _____

Address _____

How long at present address _____

Home Phone _____

Cell Phone _____

Email address _____

Occupation _____

Business Address _____

Business Phone _____

College/Univ. _____

Degrees _____

Degrees _____

Religion _____

Religion _____

Father's Birthplace _____

Mother's Birthplace _____

Maiden Name _____

Primary Language(s) spoken at home _____

Do you have Internet access at home? Yes _____ No _____

Siblings

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

What schools has your child previously attended?

School(s) _____ Grade (s) _____

School(s) _____ Grade (s) _____

School(s) _____ Grade (s) _____

Has your child had any of the following?

1. A CORE Evaluation by public school Yes _____ No _____

2. An Education Plan (IEP) Yes _____ No _____

3. Been tested for learning problems (private evaluation) Yes _____ No _____

4. Speech Therapy Yes _____ No _____

5. Occupational Therapy Yes _____ No _____

Was either parent/guardian a Sacred Heart graduate? Father ___ Mother ___ Guardian ___ Grad. Year ___

Name of Church you attend. _____

Are you registered in your parish? _____

Why do you want your child to attend Sacred Heart School?

At Sacred Heart School our parents take an active role in the life of the school. How do you plan to be involved at Sacred Heart School?

REGISTRATION FEE MUST BE PAID WITH APPLICATION:

No Child will be admitted from a parochial school whose tuition has not been paid in full.

Non-Refundable and Non-Transferable Registration Fees:

Registration Fee: \$500 (\$500 applied towards tuition)

Documentation required with application:

1. Birth Certificate
2. Baptismal Certificate
3. Immunization Record
4. Report Card (*required only for grades 1-8*)

FOR CAROLYN A. LYNCH EARLY EDUCATION CENTER APPLICANTS ONLY:

Please check 1 option below	Classroom	Type	Ages	Times	Bi-Weekly Tuition
	K0	full day/full year	2.9 to 3	7:30am-5:30pm	\$558
	K0	3 days a week	2.9 to 3	7:30am-5:30pm	\$481
	K1	full day/full year	4-5	7:30am-5:30pm	\$558
	K0-K1	traditional school day & year	2.9-5	7:30am-3:45pm	\$461
Language Immersion Program available					
If you don't see a schedule that fits your needs please give us a call at 617-323-2500.					

Has your child had outside services? Yes_____ No_____

If yes, please describe _____

Has your child had early intervention? Yes_____ No_____

Is your child toilet trained? Yes_____ No_____

Do you have any concerns with your child's speech? Yes_____ No_____