

SACRED HEART HIGH SCHOOL

APPLICATION FOR ADMISSION

application to:

Admissions
Sacred Heart High School
15 N. East Avenue
Vineland, New Jersey 08360
(856) 691-4491
(856) 563-1644 (Fax)
www.shhslions.com



Application Fee: \$40.00 (Non-Refundable)
Due Date: December 30, 2011
Late Fee: Additional \$10.00 if submitted after December 30

Please type or print clearly

Application Information

Name _____
First Middle Last Nickname Gender

Address _____
Street City State Zip

_____ *Phone Alternate Phone E-mail*

_____ *Date of Birth Place of Birth Social Security Number*

_____ *Religion Parish Public High School District*

Optional (check one) African American Hispanic Asian American
 Caucasian Native American Other

_____ *Present School Principal Guidance Counselor*

_____ *School Address*

_____ *City State Zip*

_____ *Present Grade Grade Applying For*

Has an attending child study team ever evaluated the applicant? Yes No

If yes, please enclose a copy of the evaluation and I.E.P. if applicable

Has the applicant had any private psychological or educational evaluations? Yes No

List the names of relatives who have or who are presently attending Sacred Heart High School

Name	Year	Relationship
_____	_____	_____
_____	_____	_____

Family Information

Father's Name _____
First Middle Last Nickname

Address _____
Street City State Zip

_____ *Phone Alternate Phone E-mail (required)*

Schools/Colleges Attended _____ Degree Earned _____ Year Graduated _____

Employer _____ Title _____

Address _____
Street City State Zip

_____ *Phone Alternate Phone E-mail (required)*

Mother's Name _____
First Middle Last Nickname

Address _____
Street City State Zip

_____ *Phone Alternate Phone E-mail*

Schools/Colleges Attended _____ Degree Earned _____ Year Graduated _____

Employer _____ Title _____

Address _____
Street City State Zip

_____ *Phone Alternate Phone E-mail*

With whom does the applicant reside? _____

Step Parent's Name _____
First Middle Last Nickname

Address _____
Street City State Zip

Phone Alternate Phone E-mail

Schools/Colleges Attended _____ Degree Earned _____ Year Graduated _____

Employer _____ Title _____

Address _____
Street City State Zip

Phone Alternate Phone E-mail

Other Children in the Family

Name _____ Age _____ School/College _____

Maternal Grandparents _____
First Last

Address _____
Street City State Zip

Phone Alternate Phone E-mail

Paternal Grandparents _____
First Last

Address _____
Street City State Zip

Phone Alternate Phone E-mail

Additional Applicant Information

List the extra-curricular activities (athletic, non-athletic and community) in which you took part in the last three years:

What roads would you like to explore throughout your high school experience?

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Application Checklist

Diocesan Grade Students
Application Submission

1. Signed Application
2. Request elementary school records be sent to Sacred Heart High School
3. \$40.00 (Non-Refundable) Fee

Public/Private Grade Students
Application Submission

1. Signed Application
2. Two letters of recommendation
3. Copy of transcript/grades/ standardized test scores
4. \$40.00 (Non-Refundable) Fee

Transfers from High School
Application Submission

1. Signed Application
2. Two letters of recommendation
3. Copy of transcript/grades/ standardized test scores
4. \$40.00 (Non-Refundable) Fee

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