

SACRED HEART HIGH SCHOOL

APPLICATION FOR ADMISSION

Submit application to:

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



Application Fee: \$40.00 (Non-Refundable)
Due Date: December 15, 2009 (Late Fee: \$10.00)

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*

Schools/Colleges Attended _____ Degree Earned _____ Year Graduated _____

Employer _____ Title _____

Address _____
Street City State Zip

_____ *Phone Alternate Phone E-mail*

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

