

# Application for Admission

Applying for grade \_\_\_\_\_ in 20\_\_\_\_\_

## Student Information

(Please type or print clearly)

Applicant's Name \_\_\_\_\_  
first middle last nickname

Home Address \_\_\_\_\_  
street city state zip code

Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Applicant's Email \_\_\_\_\_

Current School \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

School Principal, Head or Guidance Counselor: \_\_\_\_\_

Former Schools: Name	City,State	Dates Attended	Grades Completed

Public School District: \_\_\_\_\_

Special Talents (Please list any of your child's special interests or talents): \_\_\_\_\_

Please give the names of any relatives or friends who have been affiliated with Sacred Heart: \_\_\_\_\_

How did you hear of Country Day School of the Sacred Heart? \_\_\_\_\_

To what other Independent schools is your child applying? \_\_\_\_\_

## Family Information

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Educational Background \_\_\_\_\_ Educational Background \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Title/Position \_\_\_\_\_ Title/Position \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

E Mail \_\_\_\_\_ E Mail \_\_\_\_\_

Are Parents:  Divorced  Separated If so, with whom does your child reside? \_\_\_\_\_

Guardian (if not parents): \_\_\_\_\_  
Name Relationship

To whom should the bills be sent: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Siblings:  
Name Age School/College Now Attending

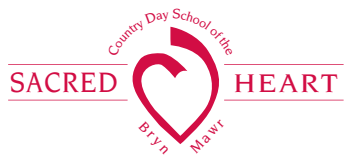
Name	Age	School/College Now Attending

Do you intend to apply for financial aid?  Yes  No  Not Sure

By submitting this form and a non-refundable application fee, I understand that the applicant will be considered for admission for the grade and year indicated herein. I also understand that the Country Day School of the Sacred Heart may request transcripts and recommendations from the applicant's previous schools.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Return this form with a non-refundable \$35.00 application fee.



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