



## Sacred Heart PSR

### 2025 - 2026 Academic School Year Application

	Child 1	Child 2	Child 3
<b>Name (First/Last)</b>			
<b>Date of Birth</b>			
<b>Current Grade</b>			
<b>Schools Attended</b>			

#### Contact Information

	Mother	Father
<b>Name</b>		
<b>Address</b>		
<b>City/State/Zip</b>		
<b>Phone #1</b>		
<b>Work Phone</b>		
<b>Email Address</b>		

	Name and Grade/Age	Name and Grade/Age	Name and Grade/Age
<b>Siblings at Sacred Heart</b>			
<b>Siblings NOT at Sacred Heart</b>			

#### Please Select the Evening that Your Student Will Attend

<input type="radio"/> <b>Monday Evening</b>		<input type="radio"/> <b>Tuesday Evening</b>
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**There is an application fee of \$100. A copy of each child's birth certificate must accompany this application.**

Office Use Only:

Application Fee Paid: \_\_\_\_\_

Date Fee Received: \_\_\_\_\_

Birth Certificate Provided: \_\_\_\_\_