

**Sacred Heart School  
Glyndon, Maryland**

**Application Packet Contents 2012-2013**

- Application Procedures (dates and instructions)
- Application – (include envelope number if Sacred Heart or St. Charles parishioner)
- Transcript release form – complete for Grades K-8
- Referral form for applicants
- Tuition enrollment form
- Health record release form – will be sent to child's current school upon acceptance

**IN ADDITION, YOU MUST PROVIDE**

- All standardized test scores (Grades 3-8)
- Copy of final 2010-2011 report card (Grades 1-8)
- Copy of most recent report card 2011-2012 (Grades 1-8)
- Copy of birth certificate (All Ages/Grades)
- Copy of baptismal certificate if Catholic (All Ages/Grades)
- Envelope number (Sacred Heart & St. Charles parishioners only) All Ages/Grades

**FOR NEW FAMILIES ONLY**

- \$50 New Family Application Fee (non-refundable)

# SACRED HEART, GLYNDON APPLICATION 2012-2013

*When completing this form, please PRINT all information in blue or black ink only.*

## PARISH

**INFORMATION:** \_\_\_\_\_ CATEGORY 1\* (Registered, active member of either  
\_\_\_\_\_ Sacred Heart OR \_\_\_\_\_ St. Charles)  
Envelope #: \_\_\_\_\_  
\_\_\_\_\_ CATEGORY 2 (Non-Parishioner)

## TELL US ABOUT YOUR CHILD:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ DOB: (MM/DD/YYYY) \_\_\_\_\_

Ethnicity: \_\_\_\_\_ (I) American Native/Native Alaskan

\_\_\_\_\_ (B) Black/African American

\_\_\_\_\_ (H) Hispanic

\_\_\_\_\_ (M) Multi-Racial

\_\_\_\_\_ (P) Asian/Other Pacific Islander

\_\_\_\_\_ (W) White

Religion: \_\_\_\_\_ (C) Catholic \_\_\_\_\_ (P) Protestant \_\_\_\_\_ (O) Other

Gender: \_\_\_\_\_ (M) Male \_\_\_\_\_ (F) Female

## CHILD LIVES WITH:

\_\_\_\_\_ Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Other

If Other, please explain: \_\_\_\_\_

## PARENT INFORMATION

**FOR FATHER:** \_\_\_\_\_ Mr. \_\_\_\_\_ Dr. \_\_\_\_\_ Other: \_\_\_\_\_ (*Alumnus of Sacred Heart?* \_\_\_\_\_)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Day Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Employer: \_\_\_\_\_

**FOR MOTHER:** \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ Dr. \_\_\_\_\_ Other: (*Alumna of Sacred Heart?* \_\_\_\_\_)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Day Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Employer: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

**E-MAIL:** What is your preferred e-mail address? Please provide the e-mail address monitored most frequently. We will use this for critical information about unscheduled events at our school.

**Email address:** \_\_\_\_\_

**Please note: We are limited to one email address.**

**If you are not a parishioner, how did you hear about Sacred Heart School?**

**Would your faith community be interested in receiving information about our faith-based Catholic Christian school?**

**Name of faith community** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION IS FOR:**

3 Year Old Program – AM (2 days) \_\_\_\_\_

4 Year Old Program - AM (3 days) \_\_\_\_\_

4 Year Old Program – PM (5 days) \_\_\_\_\_

Full Day Kindergarten \_\_\_\_\_

Grade Level for September 2012 \_\_\_\_\_

**SIBLINGS CURRENTLY ENROLLED AT SACRED HEART, GLYNDON:**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**SACRAMENTS RECEIVED:**

**BAPTISM:**

Date Received \_\_\_\_\_ Name of Church \_\_\_\_\_ City/State \_\_\_\_\_

**RECONCILIATION:**

Date Received \_\_\_\_\_ Name of Church \_\_\_\_\_ City/State \_\_\_\_\_

**EUCCHARIST:**

Date Received \_\_\_\_\_ Name of Church \_\_\_\_\_ City/State \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_



**CURRENT SCHOOL INFORMATION:**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

School Phone (include area code): \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

We believe that each child is a gift from God, with unique strengths and individual needs. In an effort to get to know your child better, we ask that you tell us a little bit about him or her.

- Specifically, does your child have any special academic, physical, emotional or social needs?
- Does your child have an active I.E.P. or 504 Plan from a public school?
- Has your child been evaluated by a private psychologist?
- If so, what accommodations and/or recommendations have been suggested for his/her classroom environment?

Please share your response to these questions. Feel free to write on the back of this sheet if more space is required. (Additionally, if you would like to discuss your response in person, please contact Mrs. Jeanne Cossentino, Assistant Principal)

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**\* Category 1 Family:**

A registered parishioner at Sacred Heart, Glyndon or St. Charles Borromeo parish who is making regular and conscientious use of their envelopes..

This category is confirmed by the respective parish priest.

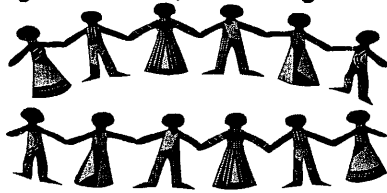
**PLEASE NOTE:**

**As per the Sacred Heart School Board policy on Tuition billing & collections: Once a financial agreement is signed, parents/guardians are responsible for paying that year's tuition in full. If a student is withdrawn officially in writing by July 1<sup>st</sup>, that students' financial obligation for the year will be forgiven. If a student is withdrawn officially in writing anytime between July 1<sup>st</sup> and October 1<sup>st</sup>, 50% of the year's tuition obligation will be forgiven. If a student is withdrawn officially in writing any time between October 1<sup>st</sup> and January 1<sup>st</sup>, 20% of the year's tuition obligation will be forgiven. No tuition obligations will be forgiven for students withdrawing after January 1<sup>st</sup>.**

**For extraordinary circumstances relating to financial hardship, the school board may consider exceptions to this policy. Hardship is generally defined as sudden loss of income, serious illness, divorce, etc.**

**Parents/Guardians must contact the school board president and the Principal in writing to be considered for any exemption to the policies stated in the Sacred Heart School financial agreement. The Sacred Heart school board's decision is final.**

**Sacred Heart School  
Glyndon, Maryland**



***Health Record Release Form***

*Student Name* \_\_\_\_\_

*Current Grade* \_\_\_\_\_

*Parent(s)/Guardian(s) Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Home Phone* \_\_\_\_\_

*Name of Current School* \_\_\_\_\_

*Address* \_\_\_\_\_ *City* \_\_\_\_\_

*State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Phone* \_\_\_\_\_

*The student named above has been accepted for enrollment into Sacred Heart School. Please release all health records including immunization forms, health inventories, dental examinations, vision and hearing screenings, medication records and any other pertinent health information to:*

***Sacred Heart School  
63 Sacred Heart Lane/P.O.Box 3672  
Glyndon, Maryland 21071  
Attention: School Nurse***

\_\_\_\_\_  
*Parent(s)/Guardian(s) Signature*

\_\_\_\_\_  
*Date*

*Thank you for your cooperation.*

**Sacred Heart School, Glyndon**  
P.O. Box 3672, 63 Sacred Heart Lane • Glyndon, Maryland 21071-3672  
410-833-0857 • 410-833-0914 F • [www.shgschool.org](http://www.shgschool.org) • [info@shgschool.org](mailto:info@shgschool.org)

***Transcript Release Form***

**To Officials at Applicant's Current School:**

Acceptance of this applicant depends in part upon school records. We appreciate your sending us the completed referral form attached, and a photocopy of the applicant's school record including final grades for last year, any grades for this year, recent standardized test scores, and any other information you feel would be helpful in our evaluation. A release form, below, has been signed by the applicant's parent(s)/guardian(s). Please send all information at your earliest convenience.

Thank you for your assistance. If you have any questions, please call 410-833-0857.

Sincerely,

Mrs. Jeanne Cossentino  
Assistant Principal

**To the Parent(s)/Guardian(s):**

**Please complete this form and give it to your child's guidance counselor/principal.**

Name of student \_\_\_\_\_

Present school \_\_\_\_\_

The above student has applied for admission to Sacred Heart School to enter \_\_\_\_\_ grade.

I request that a transcript of grades, standardized test scores and referral forms for my child be submitted to Sacred Heart School as soon as possible.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

**SACRED HEART SCHOOL, GLYNDON**  
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**REFERRAL FORM FOR APPLICANTS**

To be completed by a school administrator, guidance counselor, or teacher who knows the applicant best.

Name of Student \_\_\_\_\_ Current School \_\_\_\_\_ Present Grade Level \_\_\_\_\_  
My position at the school is \_\_\_\_\_ (If a teacher, please provide your subject area) \_\_\_\_\_  
I have known this student for \_\_\_\_\_ years \_\_\_\_\_ months  
The child's attendance is \_\_\_\_\_ regular \_\_\_\_\_ not regular.

**ACADEMIC ABILITY**

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Verbal ability				
Mathematical ability				
Creative ability				
Intellectual curiosity				
Ability to grasp new concepts				

Please comment on this child's academic strengths and weaknesses. \_\_\_\_\_

**CLASSROOM PERFORMANCE**

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Classroom achievement				
Participation in discussions				
Writing mechanics				
Quality of written ideas				
Oral Expression				
Work habits				
Ability to follow directions				
Preparation for class				

Please comment on this child's learning style. Please also note any special needs and any observed discrepancies between academic ability and classroom performance. \_\_\_\_\_

**SCHOOL BEHAVIOR**

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Motivation				
Ability to work in a group				
Ability to work independently				
Response to suggestions and corrections				
Willingness to seek needed help				
Attention span				
Interaction with peers				
Respect for others				
Conduct				

Please comment on any noteworthy aspect of the student's school behavior. \_\_\_\_\_

**PERSONAL ABILITIES**

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Maturity for grade				
Maturity for age				
Perseverance				
Self-confidence				

Please comment on this student's social and emotional development. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE CIRCLE THE WORDS THAT DESCRIBE THIS STUDENT.**

- |                 |                   |                    |                  |
|-----------------|-------------------|--------------------|------------------|
| aggressive      | passive-resistant | responsible        | organized        |
| assertive       | passive           | irresponsible      | self-disciplined |
| follower        | social            | popular            | distractible     |
| overprotected   | loner             | energetic          | distracting      |
| positive leader | articulate        | disobedient        | confident        |
| negative leader | perfectionist     | manipulative       | motivated        |
| humorous        | vivacious         | restless           | conscientious    |
| anxious         | cheerful          | self-centered      | compassionate    |
| honest          | irritable         | easily discouraged | other _____      |
| dishonest       | impulsive         | easily frustrated  |                  |

Please note any special attributes of this student that would help us to better understand him or her (e.g., English as a second language, special talent in arts or athletics, etc.)

\_\_\_\_\_

1. Please comment on the student's relationship with his/her parents.
2. Please describe the parents' relationship with teachers and the school.
3. Has this student ever been teamed for any academic or behavioral concerns in school? If so, please comment.
4. Does this student have a documented learning disability or an active I.E.P. on file? If so, please describe the child's disability.

Would you be willing to discuss this child by telephone if we have further questions? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is there information about this child that would be better communicated by telephone? \_\_\_\_\_ YES \_\_\_\_\_ NO

Evaluator's Name (printed) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For a private school administrator:** Many schools will not enroll a student until the student's family has met all of its financial obligations to the school previously attended by the student. Has the family satisfied all financial obligations to your school? \_\_\_\_\_ YES \_\_\_\_\_ NO BY (Initials) \_\_\_\_\_