

APPLICATION FOR ADMISSION • 2011/2012/2013 SCHOOL YEAR

OUR LADY of the SACRED HEART HIGH SCHOOL

Student Legal Name: FIRST NAME MIDDLE NAME LAST NAME Enrolling for Grade: 9 10 11 12 For girls: Are you applying for the Youthtowne Young Scholars (YYS) Program? Yes No

STUDENT DETAILS

Nickname: Gender: Male Female

Address: Home Phone: ( ) Listed Unlisted

CITY STATE ZIP CODE (9 DIGIT) E-Mail\*: THIS ADDRESS WILL BE ADDED TO OUR MAILING LIST

Date of Birth: / / Place of Birth:

Public School District where you reside/pay taxes:

School presently attending: Presently in grade: 8 9

School Address: 10 11

Student is: Non-Catholic Catholic, member of

If student is NON-CATHOLIC, please provide Church Name and Address:

Ethnic Heritage (optional) Please check the group(s) that represent the student's ethnic heritage (for diocesan & grant funding purposes only):

- African American American Indian/Native Alaskan Arabic Asian Caucasian Hispanic Native Hawaiian/Pacific Islander Other (specify)

FAMILY DATA

With whom does the student live? (check the person or persons):

- Father and Mother Father Mother Mother and Stepfather Father and Stepmother Guardian Grandparent Other: NAME RELATIONSHIP TO APPLICANT

FIRST CONTACT INFORMATION (parent/guardian)

Name: TITLE FIRST NAME LAST NAME

Relationship to student:

Has custody?: Yes No Shared

Marital Status (check all that apply):

- Married Single Divorced Separated Widowed Remarried

Home Phone: ( )

Cell Phone: ( )

Work Phone: ( )

E-Mail\*: THIS ADDRESS WILL BE ADDED TO OUR MAILING LIST

Employer:

Position:

SECOND CONTACT INFORMATION (parent/guardian)

Name: TITLE FIRST NAME LAST NAME

Relationship to student:

Has custody?: Yes No Shared

Marital Status (check all that apply):

- Married Single Divorced Separated Widowed Remarried

Home Phone: ( )

Cell Phone: ( )

Work Phone: ( )

E-Mail\*: THIS ADDRESS WILL BE ADDED TO OUR MAILING LIST

Employer:

Position:

## GUARDIAN OR STEP-PARENT INFORMATION

If the applicant is living with a **legal guardian** or a **step-parent** please complete the following information:

Name: \_\_\_\_\_  
TITLE FIRST NAME LAST NAME

Home Phone: (    ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_ Has custody?:  Yes  No

Home Address: \_\_\_\_\_ Marital Status (check all that apply):  
 Married  Single  Divorced  
 Separated  Widowed  Remarried

Work Phone: (    ) \_\_\_\_\_ Position: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

## RECORD KEEPING

Schools attended by the applicant:

School	Grade(s)	City & State	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## HOUSEHOLD INFORMATION

Name	Grade and/or Occupation	Age	Highest Level of Education and/or Degree	Alumni of OLSH? (Maiden Name if applicable) Class of
Mother: _____	_____	_____	_____	_____
Father: _____	_____	_____	_____	_____
Brothers & _____	_____	_____	_____	_____
Sisters: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Interests

I am interested in the following sports and/or activities (check all that apply):

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Golf          | <input type="checkbox"/> Art             | <input type="checkbox"/> Forensics        | <input type="checkbox"/> SADD               |
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Soccer        | <input type="checkbox"/> Band            | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Service Group      |
| <input type="checkbox"/> Bowling       | <input type="checkbox"/> Softball      | <input type="checkbox"/> Campus Ministry | <input type="checkbox"/> Interact         | <input type="checkbox"/> Student Government |
| <input type="checkbox"/> Cheerleading  | <input type="checkbox"/> Swimming      | <input type="checkbox"/> Chorus          | <input type="checkbox"/> Newspaper        | <input type="checkbox"/> Video Production   |
| <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Drama           | <input type="checkbox"/> PJAS             | <input type="checkbox"/> Yearbook           |
| <input type="checkbox"/> Football      | <input type="checkbox"/> Volleyball    |  |   |   |

Other Sports or Activities not listed here: \_\_\_\_\_

Answers to the following questions will be kept in confidence. They are for academic placement purposes only. Please provide a copy of any records if you answered yes to any of these questions.

1. Has the applicant been referred for special education and/or learning support services?  Yes\*  No
2. If Yes Does the Applicant have an IEP (If so please provide a copy with your application)  Yes  No
3. Does the applicant have any academic accommodations?  Yes\*  No
4. Has the applicant ever been tested for special academic or behavioral concerns?  Yes\*  No

How did you hear about OLSH? (Please check all that apply)

- Attended Open House  School Visit
- Attend Sporting Event  Church/Parish Visit
- Attended Musical Event
- I have Friends at OLSH
- Parents went to OLSH
- Family went to OLSH

Other ways you heard of OLSH not listed here: \_\_\_\_\_

A **\$25 non-refundable processing fee (\$45 after February 1st)** is due when applying. Processing fee is payable to *Our Lady of the Sacred Heart High School* with this application.

The OLSH Placement Test will be administered to applicants applying for 9th grade acceptance. Those testing at another site, please refer to the specific instructions on the Placement Test registration form.

**Please be certain to include all appropriate signatures below. Each is necessary.**

*We request that the above student be considered admission to OLSH beginning with the upcoming academic year. We authorize OLSH to receive the elementary school transcript and other records for this student. We hereby certify, to the best of our knowledge, that all the information on this application is true and correct. We also understand that if acceptance into Our Lady of the Sacred Heart High School is based on misinformation or lack of information in this application, my child will be asked to withdraw and no tuition or fees will be refunded.*

STUDENT SIGNATURE	PARENT/GUARDIAN SIGNATURE	PARENT/GUARDIAN SIGNATURE
DATE	DATE	DATE



Please Mail or deliver to:  
 Our Lady of the Sacred Heart High School  
 1504 Woodcrest Avenue  
 Coraopolis, PA 15108-3054  
 Attention: Admissions Office

**FOR OFFICE USE ONLY:**

OLSH Class of: \_\_\_\_\_

Date Received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Payment Type: Cash    Check • Check #: \_\_\_\_\_

Student No.: \_\_\_\_\_ Hr.: \_\_\_\_\_

Advisor: \_\_\_\_\_

Data Entry Date: \_\_\_\_\_ By: \_\_\_\_\_