

## APPLICATION FORM

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applying for Grade (circle): 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> Year

Entering: 2025-2026

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender (circle): M F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Parish/Church: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Father/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: (if different) \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Profession: \_\_\_\_\_ Religion: \_\_\_\_\_

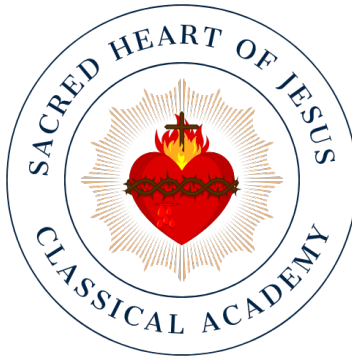
Mother/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: (If different) \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Profession: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: Married ☐ Separated ☐ Widowed Divorced ☐ Other \_\_\_\_\_ ☐



### **SIBLING INFORMATION**

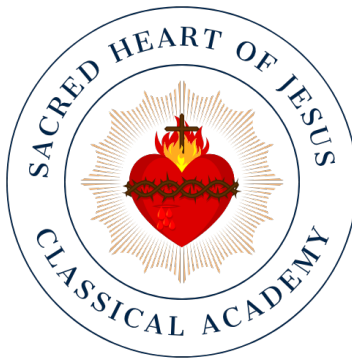
Name	Gender	Birthdate	Current School	Grade

Sacred Heart of Jesus Classical Academy admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities, generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs and athletic and other school-administered programs.

**Thank you for applying to Sacred Heart of Jesus Classical Academy!**

*“The Christian ideal has not been tried and found wanting. It has been found difficult, and left untried.”*

*-G.K. Chesterton*



## **STUDENT QUESTIONNAIRE**

**1. What are your favorite subjects in school and why? \_\_\_\_\_**

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**2. What are your interests, talents, and hobbies?**

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**3. Who are the people you admire most and why? \_\_\_\_\_**

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**4. Do you play a musical instrument or have you ever sung in a choir? If so when and for how long?**

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**5. Introduce yourself and supply details we will not find by looking at your transcript alone. Have you traveled? How do you spend your free time? Is there a particular experience or accomplishment you might like us to know about?**

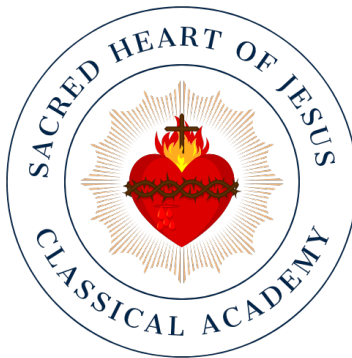
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## **PARENT QUESTIONNAIRE**

**To be completed by the applicant's parent or guardian. (Attach pages if needed)**

**1) Please describe why you want your child to attend Sacred Heart of Jesus Classical Academy.**

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**2) Please describe the applicant's strengths and weaknesses.** \_\_\_\_\_

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**3) Has your child ever been diagnosed as having a learning disability or any other physical, educational, or psychological challenges requiring additional assistance? List here. (Upon acceptance to Sacred Heart of Jesus Classical Academy, you will be asked to provide documentation: ex. Psychological Report, IEP, medical diagnosis, etc.)**

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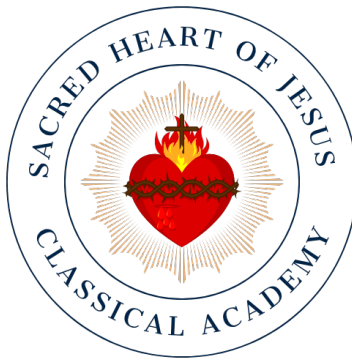
**4) What extra-curricular activities would your child be interested in?**

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**Current School:** \_\_\_\_\_ **School Phone:** \_\_\_\_\_

**Residential School District:** \_\_\_\_\_



## **TRANSCRIPT RELEASE FORM**

Dear Parent or Guardian:

Please complete and sign the bottom portion of this form and give the entire form to the guidance office at the school your child currently attends.

If your child is home schooled, please provide grades and any standardized test results that your district requires and/or Quarterly Reports for 7<sup>th</sup> and 8<sup>th</sup> grade.

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Dear Registrar or Guidance Counselor,

The student named below is a candidate for admission to Sacred Heart of Jesus Classical Academy in Staunton, VA. In order to evaluate his/her application, copies of grades are needed. Please send transcript material to:

Sacred Heart of Jesus Classical Academy  
Email: [sacredheartacademy@protonmail.com](mailto:sacredheartacademy@protonmail.com)

I authorize the release of transcript records to Sacred Heart of Jesus Classical Academy for:

Student Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_