



**Saint Henry School**  
**6401 Harding Pike**  
**Nashville, Tennessee 37205**  
**Phone: (615) 352-1328**  
**Fax: (615) 356-9293**  
[www.sthenryschool.org](http://www.sthenryschool.org)

## STUDENT INFORMATION

\_\_\_\_\_  
Last Name                      First                      Middle                      Name to be called in school

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

\_\_\_\_\_  
City                      State                      Zip                      Social Security Number

\_\_\_\_\_  
Date of Birth                      City/State of Birth                      Sex                      Religion

\_\_\_\_\_  
Home Phone Number                      Ethnic Group

\_\_\_\_\_  
If Catholic, registered member of \_\_\_\_\_ (Name of Parish)

\_\_\_\_\_  
Grade for which you are applying: \_\_\_\_\_ School Year \_\_\_\_\_ Date of Application: \_\_\_\_\_

\_\_\_\_\_  
Name of person completing this application \_\_\_\_\_

# STUDENT APPLICATION

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**Applications must include the following to be processed:**

- A non-refundable application fee of \$75.00 per family
- Student Information Questionnaire (Kindergarten/Grades 1-8)
- A copy of the child's official birth certificate and baptismal certificate
- A copy of the most recent report card and a copy of any standardized test scores for grades 1-8
- A copy of psychological testing, if applicable
- Confirmation of Parish Registration and signed Subsidy Card for all Catholic applicants

## FATHER'S INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Social Security Number</b>
<b>Street Address</b>		<b>City/State/Zip</b>	
<b>Occupation</b>	<b>Business Name</b>	<b>Business Phone</b>	
<b>Religion</b>	<b>Country of Birth</b>	<b>Cell Phone</b>	
<b>Saint Henry School Alumni?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____	
<b>Marital Status</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried

## MOTHER'S INFORMATION

<b>Last Name</b>	<b>(Maiden name)</b>	<b>First Name</b>	<b>Middle</b>	<b>Social Security Number</b>
<b>Street Address</b>		<b>City/State/Zip</b>		
<b>Occupation</b>	<b>Business Name</b>	<b>Business Phone</b>		
<b>Religion</b>	<b>Country of Birth</b>	<b>Cell Phone</b>		
<b>Saint Henry School Alumni?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____		
<b>Marital Status</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Remarried

## SACRAMENTAL INFORMATION FOR CATHOLIC APPLICANTS

Date of Baptism	Church	City and State
Date of First Penance	Church	City and State
Date of First Communion	Church	City and State
Date of Confirmation	Church	City and State

## EDUCATIONAL INFORMATION

Current School \_\_\_\_\_  
 Address \_\_\_\_\_

Does your child have any **PHYSICAL DISABILITIES** of which you are aware?     Yes     No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any **LEARNING DISABILITIES** of which you are aware?     Yes     No  
 Do you **SUSPECT** any disability?     Yes     No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Has your child been treated by a psychiatrist, psychologist, or counselor?     Yes     No

Is your child on any type of medication?     Yes     No                      If yes, please list:

<u>Medical Problem</u>	<u>Name of Medication</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____

Has student ever attended Saint Henry School?     Yes     No                      If yes, what year? \_\_\_\_\_

Has student ever repeated a grade?     Yes     No                      If yes, what grade? \_\_\_\_\_

Has student been suspended or expelled from another school?     Yes     No

Have you applied at other schools?     Yes     No                      If yes, name of schools \_\_\_\_\_

Is there additional information you would like to communicate concerning your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Although we attempt to meet the needs of each student, we are not equipped to teach students with severe learning or physical disabilities. In the event that we cannot adequately meet your child's needs, we will notify you. Please supply any pertinent, past or present, medical, social/emotional, or psychological information which may impact our ability to provide for your child's special needs.

**OTHER CHILDREN IN FAMILY**

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>School Attending</u>
_____			
_____			
_____			

Is applicant living with both parents?     Yes     No

If not, with whom does applicant live? \_\_\_\_\_

Relationship \_\_\_\_\_

Full name of step-parent or guardian \_\_\_\_\_

Please note any siblings who have graduated from Saint Henry School:

<u>Name</u>	<u>Class Year</u>
_____	
_____	
_____	

Correct billing address for student tuition, if other than home address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**For Office Use Only**

Application Received \_\_\_\_\_ Application Fee \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Birth Certificate     Baptismal Certificate     Record Release Form     Health Records

SHC _____	*Student Info Questionnaire _____	Ready for Review _____
SMC _____	*Kindergarten Questionnaire _____	Reviewed _____
SPC _____	*Report Card Grade 1-8 _____	Accept _____
HFP _____	*Standardized Testing _____	Wait List _____
CATH _____	*No Pre-School _____	Non-Acceptance _____
N/C _____		Screening/Meeting _____
Other _____		

Subsidy Card Signed \_\_\_\_\_    SIBLING GRADES: \_\_\_\_\_