



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

PRE-KINDERGARTEN 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 _____ Program: M/W/F ____ T/Th ____

Date of Application: _____

Name of person completing this application _____

PRE-KINDERGARTEN STUDENT APPLICATION

Applications must include the following to be processed:

- A non-refundable application fee of \$75.00 per family
- Student Information Questionnaire (Pre-K), if applicable
- A copy of the child's official birth certificate and baptismal certificate
- A copy of psychological testing, if applicable

FATHER'S INFORMATION

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

MOTHER'S INFORMATION

Last Name		(Maiden name)	First Name		Middle	Social Security Number
Street Address			City/State/Zip			
Occupation		Business Name		Business Phone		
Religion		Country of Birth		Cell Phone		
Saint Henry School Alumni?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year _____		
Marital Status	<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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: _____			
Does your child have any LEARNING DISABILITIES of which you are aware? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you SUSPECT any disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: _____			
Has your child been treated by a psychiatrist, psychologist, or counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child on any type of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:			
<u>Medical Problem</u>	<u>Name of Medication</u>		<u>Dosage</u>

Has student ever attended Saint Henry School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what year? _____
Has student ever repeated a grade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what grade? _____
Has student been suspended or expelled from another school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you applied at other schools?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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
M/W/F _____ T/Thurs. _____

SHC _____	*Student Info Questionnaire _____	Ready for Review _____
SMC _____	*Kindergarten Questionnaire _____	Reviewed _____
	* Pre-Kindergarten _____	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: _____