



## The School of Sacred Heart St. Francis de Sales Application for Admission

### Parent/Guardian 1:

Name (First & Last): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Parish\*: \_\_\_\_\_

*\*if applicable*

### Parent/Guardian 2:

Name (First & Last): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Parish\*: \_\_\_\_\_

*\*if applicable*

### Student Information:

Name (First & Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M / F Current Grade Level: \_\_\_\_\_ Current School\* \_\_\_\_\_

*\*if applicable*

### Short Answer Questions:

- 1.) Why do you feel The School of Sacred Heart St. Francis de Sales would be a good fit for your child and for your family?

2.) In what ways will your family contribute to enhance the School of SHSF community and culture?

3.) What are the first three words that come to mind to describe your child? Why?

4.) Describe your current/past educational experiences and tell us why you are looking at alternatives in education for your child.

Please attach your child's latest report card or assessment of learning from their current school/educational institution and any other supporting documentation that you feel is relevant to your student and this application.

*After submitting this application, the school administration will be in touch with the parents/guardians regarding next steps in the admissions process.*

The School of Sacred Heart St Francis de Sales  
307 School Street Bennington, VT 05201 · (802)442-2446