

**SAINT AGNES-SACRED HEART SCHOOL  
APPLICATION FOR RE-ADMISSION  
2008-2009**

(Please print all information using ballpoint pen: press firmly)

Date \_\_\_\_\_ Parish \_\_\_\_\_

Family Name \_\_\_\_\_

Address \_\_\_\_\_  
Street and/or P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Area Code/Home Phone # \_\_\_\_\_

List the names of all current Saint Agnes-Sacred Heart Students who are re-applying for the next school year.

NAME	2008-2009 GRADE	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following students will not be attending Saint-Agnes-Sacred Heart School for the next school year.

NAME	GRADE 2008-2009
_____	_____
_____	_____

**I acknowledge that I have received a copy of Saint Agnes-Sacred Heart School's:**

2008-2009 Admission Policy                      2008-2008 Tuition Policy  
2008-2009 School Handbook                      2008-2009 Tuition Rates      Initials \_\_\_\_\_

For Office Use Only

Fee received by: \_\_\_\_\_ Amount: \_\_\_\_\_ Check: \_\_\_\_\_ Cash: \_\_\_\_\_

Parish Approval by: \_\_\_\_\_ Date: \_\_\_\_\_

Letter of Acceptance Sent: \_\_\_\_\_ Date: \_\_\_\_\_