



***2024 - 2025 SHHA Family Registration***

Dear Prospective Parent,

We are thrilled that you are considering enrolling your child at Sacred Heart Hybrid Academy! To help us maintain accurate administrative records and ensure a smooth enrollment process, we kindly ask you to complete the following application form.

The registration fee is \$100 per student, with a maximum of \$300 per family. This fee secures your child's placement in each class and is non-refundable. Please note that the fee is due with the submission of the registration form. Detailed instructions can be found on the final page of the form.

Thank you for entrusting us with your child's education. We are excited to welcome your family to Sacred Heart Hybrid Academy and look forward to supporting your child's growth and development in our community.

Warm regards,

Cristina Flores  
Executive Director  
Sacred Heart Hybrid Academy



# SACRED HEART

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## HYBRID ACADEMY

### Family Information

#### Primary Parent/Guardian

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship to Student(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

#### Secondary Parent/Guardian

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship to Student(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

#### Emergency Contact

Name \_\_\_\_\_

Relationship to Student(s) \_\_\_\_\_

Phone Number \_\_\_\_\_



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## HYBRID ACADEMY

### Student(s) Information

#### Student Information #1:

Name \_\_\_\_\_  
DOB \_\_\_\_\_  
Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Current Grade \_\_\_\_\_  
Known Allergies \_\_\_\_\_

#### Student Information #2:

Name \_\_\_\_\_  
DOB \_\_\_\_\_  
Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Current Grade \_\_\_\_\_  
Known Allergies \_\_\_\_\_

#### Student Information #3:

Name \_\_\_\_\_  
DOB \_\_\_\_\_  
Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Current Grade \_\_\_\_\_  
Known Allergies \_\_\_\_\_

#### Student Information #4:

Name \_\_\_\_\_  
DOB \_\_\_\_\_  
Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Current Grade \_\_\_\_\_  
Known Allergies \_\_\_\_\_



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## HYBRID ACADEMY

### Educational Background

#### Student #1

Describe your child's educational background & homeschool experience.

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Approximate reading level? (grade 1,2, 3, ...etc.)

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Behavioral and/or learning disabilities? Please briefly describe.

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#### Student #2

Describe your child's educational background & homeschool experience.

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Approximate reading level? (grade 1,2, 3, ...etc.)

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Behavioral and/or learning disabilities? Please briefly describe.

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#### Student #3

Describe your child's educational background & homeschool experience.

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Approximate reading level? (grade 1,2, 3, ...etc.)

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Behavioral and/or learning disabilities? Please briefly describe.

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#### Student #4

Describe your child's educational background & homeschool experience.

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Approximate reading level? (grade 1,2, 3, ...etc.)

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Behavioral and/or learning disabilities? Please briefly describe.

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## HYBRID ACADEMY

### Instructions:

Please print out this form and mail it, along with a check, to:

Sacred Heart Hybrid Academy  
Attn: Registration/Cristina Flores  
P.O. Box 112  
Taylors, SC 29687

Make check payable to: **Sacred Heart Hybrid Academy** Memo: **Registration Fee**

Please note: Your child's place will not be reserved without payment of the registration fee. The registration fee is \$100 per student, with a maximum of \$300 per family.

### Notice of Usage

By submitting this application, you agree to share your personal information with Sacred Heart Hybrid Academy and consent to being contacted regarding your child's enrollment status.

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Signature

Date: