



SACRED HEART

HYBRID ACADEMY

2026-2027 New Family Registration

Parent/Guardian Information

Parent #1

Full Name: _____

Relationship to Student: _____ Cell Phone Number: _____

Email Address: _____

Highest Education Level completed: _____

Employer _____ Job Title _____

Parent #2

Full Name: _____

Relationship to Student: _____ Cell Phone Number: _____

Email Address: _____

Highest Education Level completed: _____

Employer _____ Job Title _____

Home Address:

Street: _____

City: _____

State: _____

ZIP: _____

Who will be primarily homeschooling the children at home? _____

I acknowledge the following: Filling out an application does not guarantee admittance into Sacred Heart Hybrid Academy. Once the application has been submitted, you will receive a call from the school to set up an in-person parent/student meeting unless this has been done already. This meeting is to discuss the school's policies and procedures and to ensure that Sacred Heart is the right fit for your family. I understand that if admitted, the registration fee of \$150/student is non-refundable. **Initials:** _____

1. How did you hear about Sacred Heart? _____

2. Do you know any current families at Sacred Heart? _____

3. Please tell us a little bit about your homeschooling journey. How long have you been homeschooling? Why did you decide to homeschool? What are your goals? Why are you interested in joining our hybrid model? etc. _____

4. Which schools or co-ops have your children attended? _____

5. Why is Sacred Heart a desirable educational opportunity for your family? _____

6. Is there other information you would like to share about your family that would be helpful for us to know? _____

7. In what capacities are you able to serve at Sacred Heart? We welcome parental involvement at the school and would appreciate your support through volunteering or as a paid teacher. _____

Emergency Contact Information

(Please list a person who can be contacted in case of emergency if you are unavailable.)

Name: _____

Relationship to Student: _____

Phone Number: _____

Approved individuals to pick up your children (Please note that unless previous arrangements have been made with the Head of School, no one except these individuals will be allowed to pick your student up from school.): _____

Student Information

(Please complete a separate page for each student)

1. Full Name: _____
2. Grade Level (for 2026-2027 school year): _____
3. Date of Birth (MM/DD/YYYY): _____
4. Previous Educational Background: (Please include details such as previous schools, homeschool experience, etc.) _____

5. Are there any learning differences or special accommodations your child may require? (If yes, please describe briefly.) _____

6. In what academic areas is your child most successful? _____

7. In what academic areas does your child experience the most frustrations? Explain. _____

8. Health Information: Please list any relevant medical conditions, allergies, or special health needs for your child: _____

9. Does Sacred Heart have permission to administer the following? Check all that apply:
 - First aid (first aid ointment, bandages)
 - Aspirin
 - Ibuprofen
 - Tylenol
 - Benadryl
 - Other _____

Agreement and Signature

I, the undersigned, acknowledge that the information provided in this registration form is accurate and complete to the best of my knowledge. I am entering a partnership with Sacred Heart in providing an education for my child(ren). As the homeschool parent, I am responsible for registering with a third party to satisfy the requirements of the State of South Carolina. In addition, I am responsible for maintaining an attendance record of 180 days, all necessary sample material from the child's work, as well as following any other state requirements. Sacred Heart is a tutorial that is providing instruction and aiding the parent in their homeschool journey.

Parent/Guardian Signature: _____

Date: _____