



SACRED HEART HIGH SCHOOL

C O L L E G E P R E P A R A T O R Y

Be Empowered | Be Unstoppable

Admission Process

Steps to Applying @ Sacred Heart High School

1. Fill out the **SHHS Admissions Application**. The application is composed of 4 forms; the *Student Application*, *Student Activity List*, *Statements*, and *High School Placement Test*. Please make sure to completely fill out these sections and turn in your student essay and parent statement.
2. There is a **\$25.00** fee to go with the SHHS Admissions Application. Send it to Sacred Heart with your application.
3. Send a copy of your **Birth Certificate, Immunization Records, Sacramental Sacraments Certificates** and **Social Security Card** with your application.
4. Fill out the **Transcript Request Form** and give it to your current school. Make sure they send us your Transcripts with Standardized Test Scores & Health Records.
5. Fill out the top portion of the **Archdiocese Evaluation Form** and make 3 copies to give one to the Principal, English Teacher, & Math Teacher at your current school. They will send these forms directly to us.
6. It is **mandatory** that you apply to the **Catholic Education Foundation of Los Angeles (CEF)**. Your elementary principal should give you more information and the CEF application, which is due Dec. 1.
7. You **must** complete the **Financial Aid Application** and provide a copy of your **2019 Income Taxes & W2s**; send it to SHHS with your application. This is a SHHS need-based financial aid.

Deadline for the Admissions Applications & Financial Aid Applications, with the pertaining forms, is December 5, 2020 (early deadline with application fee waived) & January 15, 2021.

8. Don't forget to sign up to our Free High School Placement Test Workshops that are available to help you. Our teachers teach the course and a free study guide is provided.
 - **Free HSPT Workshops: Saturdays – Nov. 7, Nov. 14, & Nov. 21 | 8:00am – 11:00am**
9. Sign up for our Video Scholarship. Tell us **Why you want to Be a Comet?** in a 3-minute video and you could win a \$1,000 scholarship to SHHS. Be creative and turn in your video by **January 15, 2021** to **admissions@shhsla.org**.
10. Be ready for your interview, if you turned everything in to our Admissions Office! Interviews will take place on **February 6, 2021**. We will contact you to set up a time once you submit your application.
11. Acceptance Letters will be mailed on **March 5, 2021**.

Your acceptance to SHHS depends on your grades, recommendation letters, attendance/tardy record, immunization requirements, High School Placement Test scores, transcripts, and Standardized Tests scores.

2111 Griffin Ave. | Los Angeles, CA 90031 | T 323.225.2209 | F 323.225.5046 | admissions@shhsla.org | www.shhsla.org



SACRED HEART HIGH SCHOOL
COLLEGE PREPARATORY

STUDENT APPLICATION

PLEASE PRINT OR TYPE | DO NOT LEAVE ANY LINES BLANK

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2111 Griffin Ave, Los Angeles, CA 90031 | T 323.225.2209 | F 323.225.5046

<hr/>	<hr/>	<hr/>	<hr/>
Student's Last Name	First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
<hr/>			Grade Entering _____ New Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address		City	Present School _____ #SSN _____
(____) _____	(____) _____	_____	Date of Birth _____ Place of Birth _____
Home Phone #	Cell #	Email Address	Primary Language Spoken at Home _____
<hr/>			Date Application Submitted _____
Does student have an IEP <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide a copy.			

Student lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Guardian (specify) _____ Student's Religion _____ Parish/Church _____ City of Parish _____	Student's Ethnic Category: For statistical purposes only <input type="checkbox"/> Native American <input type="checkbox"/> Filipino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Other <input type="checkbox"/> Multiracial <input type="checkbox"/> Other (specify below) _____
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Mother's Full Name _____ Address _____ City/State _____ Zip _____ (____) _____ Home Phone _____ (____) _____ Cell Phone _____ Email Address _____ Name of Company _____ City _____ Profession & Position _____ (____) _____ Work Phone _____	Father's Full Name _____ Address _____ City/State _____ Zip _____ (____) _____ Home Phone _____ (____) _____ Cell Phone _____ Email Address _____ Name of Company _____ City _____ Profession & Position _____ (____) _____ Work Phone _____	Step-parent/Guardian's Full Name _____ Address _____ City/State _____ Zip _____ (____) _____ Home Phone _____ (____) _____ Cell Phone _____ Email Address _____ Name of Company _____ City _____ Profession & Position _____ (____) _____ Work Phone _____
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Please List Alumni Siblings/Relatives and Class Year: _____

Billing Name _____
 Address _____
 City/State _____

As parent or guardian, I accept responsibility for timely payment of tuition and fees, and I understand they are nonrefundable. As parent or guardian or student, I attest that all information is true to the best of my knowledge. I also realize that if accepted to this High School I become responsible for reading, understanding, supporting, and abiding by all policies outlined and explained in the *Parent/Student Handbook*, distributed at the beginning of each new school year.

08/20

 Mother or Guardian's Signature Father or Guardian's Signature Student's Signature



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STUDENT ACTIVITY LIST

PLEASE FILL IN THE SECTIONS THAT APPLY TO YOU.

ACADEMIC HONORS	YEARS	DESCRIPTION
LEADERSHIP POSITIONS	YEARS	DESCRIPTION
ATHLETICS	YEARS	DESCRIPTION
EXTRACURRICULAR ACTIVITIES/CLUBS	YEARS	DESCRIPTION
VISUAL/PERFORMING ARTS	YEARS	DESCRIPTION
COMMUNITY SERVICE	YEARS	DESCRIPTION
HOBBIES	YEARS	DESCRIPTIONS
SUMMER EXPERIENCES	YEARS	DESCRIPTIONS



STUDENT STATEMENT

To be completed by student only.

What makes you unique? _____

List three adjectives that describe yourself:

As a person _____

As a student _____

In my leisure time I like to _____

My best friend would say I _____

I am proudest of _____

I would like to improve _____

I feel happiest when _____

I am bothered by _____

The last book I read just for fun was _____

Please write a short essay on one of the following topics (minimum of three paragraphs).

1. Describe three things you would like to change about the world and explain how you would make those changes.
2. Describe an event or experience that has had an impact on you and the way you think.
3. Describe some productive ways students can spend their leisure time; please give examples.

PARENT/GUARDIAN STATEMENT

To be complete by parent/guardian only.

Parent Name _____

Circle One: Father/Mother/Stepfather/Stepmother/Guardian

Please list three adjectives that describe your daughter:

As a person _____

As a student _____

To help us better understand your daughter, has there been an event in her life that has significantly influenced her (positively or negatively)?

Has your daughter ever been subject to disciplinary action (suspension or dismissal) in any school?

Yes _____ No _____ If yes, please explain _____

FOREIGN LANGUAGE INFORMATION

What language does student speak primarily at home? _____

Can she write in Spanish? Yes/No Can she read in Spanish? Yes/No

Has she ever traveled to a Spanish-speaking country? Yes/ No Where? _____

Student's Foreign Language Preference:

_____ Spanish 1: Beginner or _____ Spanish 1: Bilingual



HIGH SCHOOL PLACEMENT WORKSHOPS

STUDENT NAME: _____

SCHOOL: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____

EMAIL: _____

Sacred Heart High School offers a **FREE** High School Placement Test Preparation Program. Please note that our own teachers teach the HSPT courses and a study guide is provided free of charge. We ask that students attend ALL Saturday sessions if possible. The following are the dates of our workshops:

- Saturday, November 7, 2020 8:00am – 11:00am**
- Saturday, November 14, 2020 8:00am – 11:00am**
- Saturday, November 21, 2020 8:00am – 11:00am**

Please indicate whether you will be participating in our HSPT preparation program.

_____ **Yes, I will participate in SHHS’s HSPT Workshops**

_____ **No, I will be unable to participate in SHHS’s HSPT Workshops**

List your top three high school choices and reasons why you wish to attend these schools. Please list SHHS as one choice.

High School	Reason
1. _____	_____
2. _____	_____
3. _____	_____

HIGH SCHOOL PLACEMENT TEST

The High School Placement Test (HSPT) is required for all 9th grade admission to Sacred Heart High School.

Sacred Heart High School will offer two high school placement test dates. The cost of the HSPT is **\$50.00**, but will be waived for all SHHS Open House guests. If you attend any of our Open Houses, you will receive an HSPT voucher to waive your test fee. These are the dates of our exams:

Please select only **ONE** of the following options below:

_____ **Saturday, January 16, 2021 8:00am – 12:45pm**

_____ **Saturday, January 23, 2021 8:00am – 12:45pm**

_____ **No, I will be take the HSPT at another location. Please list school:**

If you take the test elsewhere, please ask to have the scores shared with our school. If you do not submit a copy, we will be unable to review your application until scores are submitted.

Please send entrance exam results to (if applying to other high schools):

SHHS VIDEO SCHOLARSHIP

Tell us “Why You Want to Be a Comet” in a 3-minute video and you could win a \$1,000 scholarship to Sacred Heart High School. Be as creative, original, and unique as you can and submit your video by **January 15, 2021**. You can email it to **admissions@shhsla.org**. Last year, we had 4 winners and you could be one too, so use your creative talent and join our contest!

PLEASE EMAIL, FAX, OR MAIL THIS FORM TO SHHS ADMISSIONS OFFICE.



SACRED HEART HIGH SCHOOL COLLEGE PREPARATORY

Financial Aid Application

Parent Name: _____ Student Name: _____ Grade: _____

EXPENSES MONTHLY AMOUNTS TOTAL

HOUSING:

Rent/House Payment (provide copy) \$ _____
Property Taxes (provide copy) \$ _____
Association Fees (provide copy) \$ _____
Insurance (provide copy) \$ _____
Total Housing Expenses \$ _____

LIVING:

Cable TV (provide copy) \$ _____
Electricity (provide copy) \$ _____
Garbage (provide copy) \$ _____
Groceries (monthly average) \$ _____
Telephone (provide copy) \$ _____
Water (provide copy) \$ _____
Laundry (monthly averages) \$ _____
Other: _____ \$ _____
Total Living Expenses \$ _____

HEALTH:

Dentist (exclude payroll deductions) \$ _____
Doctor (exclude payroll deductions) \$ _____
Insurance (exclude payroll deductions) \$ _____
Prescriptions \$ _____
Other: _____ \$ _____
Total Health Expenses \$ _____

TRANSPORTATION:

Car Payments (provide copy) \$ _____
Gas/Oil Vehicle Maintenance \$ _____
Auto Insurance (provide copy) \$ _____
Commute (bus, train, etc.) \$ _____
Other: _____ \$ _____
Total Transportation Expenses \$ _____

MISCELLANEOUS:

Child Care (provide copy) \$ _____
Life Insurance (exclude payroll deduction) \$ _____
Alimony \$ _____
Clothing \$ _____
Other: _____ \$ _____
Total Miscellaneous Expenses \$ _____

Total Monthly Expenses \$ _____

FAMILY INCOME: Net Income (take home pay) & Other income (provide copy of check stubs)

Self \$ _____
Spouse \$ _____
Child Support \$ _____
Other: (SSI, SS, Unemployment) \$ _____

TOTAL MONTHLY INCOME \$ _____

Amount of Tuition you feel you can meet: \$ _____

***Please also provide a copy of your 2019 tax forms

MONTHLY CASH FLOW
Total monthly income \$ _____
Minus ---
Total monthly expenses \$ _____
NET = \$ _____

Parent Signature: _____

Date: _____



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Transcript Request Form

Due Date: January 15, 2021

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Applicant, please present this form to the school where you currently attend and

TO: Current School: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

I hereby authorize the release to **Sacred Heart High School** all school records, including grades, STAR testing, recommendations and any other developmental information regarding the student named below.

Please send school records and information including academic, discipline, attendance, and health records of the student.

Student's Full Name: _____

Date of Birth: _____ Grades Attended: _____

Parent Name: _____

Parent Signature: _____ Date: _____

Please send the above requested records for this student to:

ADMISSIONS OFFICE
SACRED HEART HIGH SCHOOL
2111 Griffin Ave.
Los Angeles, CA 90031
Fax: 323.225.5046
Email: Admissions@shhsia.org

ARCHDIOCESE OF LOS ANGELES

Confidential Common Evaluation Form For Students Applying to a Catholic High School

THIS SECTION IS COMPLETED BY A PARENT OF THE STUDENT APPLICANT

PARENTAL PERMISSION FOR RELEASE OF INFORMATION: I hereby give my permission for the elementary/middle school to send student information to the requested Catholic high schools. I waive my right to view these records.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

PARENT/LEGAL GUARDIAN PRINTED NAME: _____ **DATE:** _____

NAME OF APPLICANT: _____

LAST

FIRST

MIDDLE

HOME ADDRESS: _____

STREET

CITY

STATE

ZIP

EMAIL ADDRESS: _____ **HOME PHONE:** (____) ____-_____

SCHOOL NOW ATTENDING: _____

NAME OF SCHOOL

CITY

DATE ENTERED CURRENT SCHOOL (Month/Year) _____

TO THE PRINCIPAL, ENGLISH TEACHER, AND MATH TEACHER:

This form is to be completed by a school official and returned directly to each high school. This CONFIDENTIAL evaluation will be used only by persons on the Admissions Committee and will **not** become part of the student's cumulative folder. Therefore, this form will **not** be open to general review and will not be forwarded to any other school or institution. Your carefully considered judgment will have a strong and direct bearing on this student's acceptance. Please provide information which you think should influence our decision, i.e. gifts, talents, abilities in/outside of the classroom, and/or any challenges or difficulties the student might have faced. We appreciate your honesty and your effort.

POSITION OF PERSON COMPLETING FORM:

___ PRINCIPAL ___ ENGLISH/LANGUAGE ARTS TEACHER
___ MATH TEACHER ___ OTHER (Specify: _____)

PRINTED NAME OF PERSON COMPLETING EVALUATION: _____

EMAIL ADDRESS OF PERSON COMPLETING EVALUATION: _____

SIGNATURE REQUIRED: _____ **DATE:** _____

SCHOOL: _____ **PHONE:** _____

SCHOOL ADDRESS _____

STREET

CITY

ZIP CODE

NAME OF APPLICANT: _____

LAST

FIRST

MIDDLE

Confidential Common Evaluation Form

STUDENT RATING	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO RESPOND
MOTIVATION:					
SENSE OF RESPONSIBILITY:					
PERSONAL RELATIONSHIPS:					
INITIATIVE AND LEADERSHIP:					
COOPERATION/EFFORT					
GENERAL CONDUCT/BEHAVIOR					
WORK AND STUDY HABITS					
INTEGRITY					
DEMONSTRATION OF FAITH					

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN EVALUATING THIS STUDENT:

REQUIRED: We ask that you please complete this section and provide written information, along with your evaluation of the student. This will help us to know where to place a student academically. Thank you in advance.

RECOMMENDATIONS

	STRONGLY RECOMMEND	RECOMMEND	RECOMMEND WITH RESERVATIONS	DO NOT RECOMMEND (Please explain)	SPECIAL CIRCUMSTANCE
ACADEMICALLY					
OBSERVED CHARACTER					
OVERALL					

PRINTED NAME OF PERSON COMPLETING EVALUATION: _____ POSITION _____