



## **LOWER SCHOOL ADMISSION PROCEDURES:**

### **Grades 2 - 6**

#### ***The requirements for admission are:***

1. A completed application form with a non-refundable fee of **\$35.00** payable to **SACRED HEARTS ACADEMY**.
  2. A copy of the applicant's final report card for:
    - The last school year
    - Report card for the current school year
  3. **GRADES 2 AND 3:** One Teacher Reference Report from a current teacher.  
**GRADES 4 – 6:** Two Teacher Reference Reports from current teachers.
  4. Completion of admission testing as scheduled. (\*)
  5. Birth certificate required upon enrollment.
- (\*) *Applicants will be notified of the date and time for admission testing.***

Mail all information to:

**SACRED HEARTS ACADEMY  
ADMISSIONS OFFICE  
3253 WAIALAE AVENUE  
HONOLULU HI 96816**



# Sacred Hearts Academy

3253 Waialae Avenue • Honolulu, HI 96816 • (808) 734-5058 • Fax (808) 737-7867

## TRANSCRIPT AUTHORIZATION FORM

The applicant is to complete this form and turn it in to the Principal's Office at the school she is presently attending.

THIS IS TO CERTIFY THAT \_\_\_\_\_  
Last First MI

Has made an application for enrollment at **SACRED HEARTS ACADEMY** for the current academic year.

Please send the transcript to:

**SACRED HEARTS ACADEMY  
ADMISSIONS OFFICE  
3253 WAIALAE AVENUE  
HONOLULU HI 96816**

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## PARENT CONSENT FOR RELEASE OF TRANSCRIPT COPY

I hereby give consent for an official reproduction of education records for:

\_\_\_\_\_ **Last First MI**

be sent to **SACRED HEARTS ACADEMY**

Parent/Guardian: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# Sacred Hearts Academy

3253 Waialae Avenue • Honolulu, Hawaii • 96816 • 808 734-5058 • Fax 737-7867 • www.sacredhearts.org

To the Parent or Guardian,

Please print or type the first line on the reverse side. Give one form each to two teachers in different academic areas.

Please provide each teacher with a stamped envelope addressed to:

**SACRED HEARTS ACADEMY  
ADMISSIONS OFFICE  
3253 WAIALAE AVENUE  
HONOLULU HI 96816**

The teacher will mail the completed form directly to **SACRED HEARTS ACADEMY**. This information will be held in strict confidence.

I hereby give my permission to release the information indicated on the Teacher Reference Report regarding my child, \_\_\_\_\_  
for the purpose of admission to **SACRED HEARTS ACADEMY**.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*To the Teacher:*

*This student is an applicant for admission to **SACRED HEARTS ACADEMY**. We regard your professional evaluation of this child as a part of the criteria used in considering her application. Please complete the Teacher Reference Report on the reverse side. The parent/guardian is aware that any information you supply will be held in strict confidence. Please return this form directly to **SACRED HEARTS ACADEMY**.*

*Betty White, Head of School*



# HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS

## Common Teacher Reference Report – Grades 2-12

*(Please return completed form after December 1.)*

**PARENTS:** Please read and sign the following release statement: *I understand the information on the Teacher Reference Report is confidential and will not be shared beyond the Admission Committee.*

**TEACHER:** Thank you for completing this Teacher Reference Report. Your assessment of the applicant is a valuable, necessary component of a good admissions decision. Please add any information which may add to our knowledge of the applicant. This report does NOT become part of the student's permanent file.

\_\_\_\_\_  
Parent or Guardian Date

Applicant's Name \_\_\_\_\_ Grade Applying \_\_\_\_\_  
Last First Middle

Class Level: Accelerated \_\_\_\_\_ High \_\_\_\_\_ Average \_\_\_\_\_ Low \_\_\_\_\_ Heterogeneous \_\_\_\_\_

Subject and/or Grade \_\_\_\_\_ Self-contained  Yes  No

Please check (✓) the appropriate rating. N/A (not applicable) may be used in areas where there is insufficient information.

### Academic Qualities

Motivation (effort, drive)	●	●	
	rare	moderate	maximum
Ability to work alone	●	●	
	needs help frequently	needs help occasionally	works well
Homestudy habits	●	●	
	never completes assignments	completes assignments	does more than expected
Participation in discussion	●	●	
	contributes when called on	volunteers occasionally	joins in readily
Ability to express ideas orally	●	●	
	has some difficulty	good	exceptionally good
Use of time	●	●	
	poor	average	excellent
Organization of work	●	●	
	poor	average	excellent
Follows direction	●	●	
	needs much explanation	needs occasional help	responds quickly

### Personal Qualities

Leadership potential	●	●	
	a follower	occasionally seeks opportunities	natural leader
Classroom conduct	●	●	
	poor	average	excellent
Cooperates with adults	●	●	
	rarely	usually	always
Personal/social adjustment	●	●	
	relates poorly with others	fluctuating relationships with peers; generally happy person	healthy self image; healthy peer relationships
Ability to work in a group	●	●	
	rarely	usually	always
Consideration of others	●	●	
	rarely	usually	always
Takes initiative	●	●	
	rarely	usually	always
Fulfills responsibilities	●	●	
	rarely	usually	always
Uses suggestions or corrections	●	●	
	rarely	usually	always

We appreciate additional observations about this applicant. \_\_\_\_\_

Print or Type Name \_\_\_\_\_ Teacher's Signature \_\_\_\_\_

School \_\_\_\_\_ School Phone # \_\_\_\_\_ Date \_\_\_\_\_



## **AFTER SCHOOL CARE FOR CHILDREN IN JK – 6**

**SACRED HEARTS ACADEMY** offers an After School Care (ASC) Program for students in grades Junior Kindergarten to 6. Space is limited. There will be an adult and an Academy student assistant for every 12 students in Junior Kindergarten; for every 16 students in Senior Kindergarten; and for every 20 students in Grades 1 – 6.

**HOURS:** After School Care is conducted from 2:15 – 6:00 p.m. on Monday, Tuesday, Thursday and Friday and 1:00 – 6:00 p.m. on Wednesday. Students in Junior Kindergarten to Grade 3 will be dropped off by their teachers in the cafeteria to be checked in by their ASC teachers. Students in Grades 4 to 6 will proceed to the cafeteria after their classes at 2:30 p.m.

**PROGRAM:** Activities in After School Care include homework supervision, silent reading, arts and crafts, quiet games, enrichment activities, outdoor games, free play, unstructured time, rest, and occasionally, a movie or a documentary.

**SNACKS:** A nutritious snack will be served from 3:00 – 3:30 p.m. The cost is included in the fees.

**PICK-UP:** Parents need to sign out when they pick up their daughters from the After School Program. Your daughters will be released only to those authorized to pick them up. A driver's license or state ID is required for identification.

**LATE PICK-UP:** For any late pick-up, an additional charge of **\$5.00** per quarter of an hour or a fraction thereof will be charged. This fee is payable in cash or check (paid to **SACRED HEARTS ACADEMY**) when you pick up your daughter.

**FEES:** The fee for the school year for **2011-2012** is **\$1700.00**.