



HIGH SCHOOL ADMISSION PROCEDURES:

Entering Freshmen

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. Two teacher reference reports from current teachers.
4. Test results from the Secondary School Admission Test (SSAT). These results will be mailed directly to **SACRED HEARTS ACADEMY** as one of your school choices.
5. A personal interview to be scheduled.
6. Birth certificate required upon enrollment.

Items 1, 2, 3 and 4 are required no later than **FEBRUARY 15**.

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**

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

