

**SACRED HEART APOSTOLIC SCHOOL**  
**Knights of the Sacred Heart**  
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# **SACRED HEART APOSTOLIC SCHOOL**

## **Knights of the Sacred Heart Summer Experience Guide**



The Knights of the Sacred Heart Summer Experience is for boys who are open to the priesthood and interested in attending Sacred Heart Apostolic School. This intensive orientation program gives them an opportunity to experience many aspects of student life at the school, combining elements of daily life—prayer, study, sports—with summer fun and the companionship of other boys with similar interests. Legionary priests and seminarians direct the program.

### **REQUIREMENTS**

- Open to a priestly vocation.
- Parental consent.

### **PROGRAM OF ACTIVITIES**

- Daily activities include Mass, directed prayer, Rosary, Eucharistic benediction, sports, swimming, studies, and indoor games.
- Weekly activities include time at the dunes at Lake Michigan, cookouts, and documentaries.
- Special events such as a Marian Pilgrimage, tournaments and other outings.

### **DATES**

- Application Due Date: *Postmarked by **June 17, 2025***
  - Please call the admissions office if you need to send it after June 17.
- Arrival for Summer Program: **Saturday, July 19, 2025**
- Summer Program (departure): **Sunday, August 3, 2025**

## **COSTS**

- \$300 for the program expenses
- \$60 for personal spending money
- Make all checks payable to Sacred Heart Apostolic School

## **MAILING ADDRESS:**

**Sacred Heart Apostolic School  
c/o Admissions Office  
5901 N. 500 E.  
Rolling Prairie, IN 46371**

## **Travel Plans**

### **FLYING**

- All flights should be arranged with round-trip tickets to and from Chicago-Midway (MDW) airport or South Bend International Airport.
- We will provide transportation to and from the airport if the following conditions are met:
  - All flights arriving into Chicago must arrive between 1pm and 6pm.
  - All flights departing Chicago must depart after 10am.
  - All flights must be scheduled for the correct arrival, departure, and return dates.
  - Please contact the admissions office before purchasing any tickets which do not fulfill the above criteria.
  - Some airlines require an unaccompanied minor fee. When booking flights, please be attentive to this fee in both the departure and return flights. Southwest Airlines has no unaccompanied minor fee and allows 2 large bags for free.

### **DRIVING**

Participants may arrive or depart by car at any time on the arrival, departure, and return dates. Parents are encouraged to take a tour of the school and speak with the faculty and staff.

## Clothing List

- Mass clothes and dress shoes
- Sports clothes
- 2 swim trunks
- 1 pair of soccer cleats
- 2 pairs of pajamas
- 1 pair of flip-flops or shower sandals
- bath towels
- 6 sets of underwear
- 5 pair athletic socks
- 5 pair dress socks
- Toiletry kit (soap, shampoo, deodorant, comb...)
- 6 mesh laundry “sock bags”
- 2 sets of XL-twin sheets and pillowcases
- Sharpie
- backpack for outings
- (optional) water bottle and hat

## LAUNDRY RECOMMENDATIONS

Your son will be assigned a laundry number in the acceptance letter for the summer program. To avoid losing any articles of clothing, it is best to have all clothing well marked before he arrives.

1. Your son will receive a laundry number upon acceptance.
  - a. To apply the number to the clothing you can use a **Sharpie permanent marker**. Mark the clothing items as needed in a discreet location so the number is not visible when worn. Be careful when marking white clothing as the numbers can bleed through to the other side and be seen; avoid using a thick Sharpie marker especially on white shirts or white polo shirts. The numbers should be applied to the inside of the clothing items, in the collar for shirts and in the inside waist area of pants and under garments and should not be placed on the outside of clothing.
  - b. The number should be easy to locate after removing from the dryer since there are many clothes to distribute daily. If the number is not found quickly and easily, the clothing item usually goes in an unmarked bin and given to charity later in the year.
2. Exclusively for socks, you can buy a **Zipper Mesh Sock Bag** and mark the sock bag with your son’s laundry number and then you don’t need to worry about marking each individual sock. It would be good to have several on hand since they may not come back daily from the laundry, and the boys change clothes several times a day.

# SACRED HEART APOSTOLIC SCHOOL

## Knights of the Sacred Heart Summer Program Experience Application



Attach a recent photo  
of yourself here

For Admission Office Use Only:

This application is:

☐ Complete

☐ Incomplete

NB:

### 1. Name of Applicant

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade for 2024-2025 Academic Year \_\_\_\_\_

### 2. Address & Phone

#### Home Address

Street \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

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

#### Mailing Address (if different)

Street \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

### 3. Father's Information

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Member of Regnum Christi? YES ☐ NO ☐

Email \_\_\_\_\_

Cell phone number \_\_\_\_\_ Occupation \_\_\_\_\_

RELATION TO BOY (Please check one): ☐ Biological father ☐ Stepfather ☐ Adoptive father ☐ Other (Please specify): \_\_\_\_\_

#### 4. Mother's Information

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Member of Regnum Christi? YES ☐ NO ☐

Email \_\_\_\_\_

Cell phone number \_\_\_\_\_ Occupation \_\_\_\_\_

RELATION TO BOY (Please check one): ☐ Biological mother ☐ Stepmother ☐ Adoptive mother ☐ Other (Please specify): \_\_\_\_\_

If different from son's address:

Street \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### 5. Names and ages of brothers and sisters


This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

8. Emergency Contact Information

Please provide the names of **two close friends or relatives** who can be contacted in case of emergency.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relation to Son \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relation to Son \_\_\_\_\_

9. Signatures

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

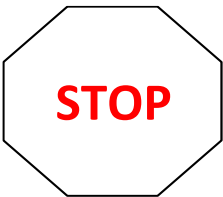
I hereby permit my son, \_\_\_\_\_, to participate in the Summer Program Experience at Sacred Heart Apostolic School.

Signature of Father/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_

Date \_\_\_\_\_



ALL signatures are required for the application to be considered complete.



# SACRED HEART APOSTOLIC SCHOOL

## Consent Forms

### Activity Consent Form

Boys who attend the summer program and attend the regular school year will have a multitude of outdoor activities which take advantage of the area's natural beauty. The activities are normal for their age group and for a median athletic ability. Signing this document affirms that you are aware of the activities that your son will participate in and are giving your consent to his participation in these events:

**1. Water activities.** You affirm that your son has a median or above average swimming ability and give him consent to participate in all water activities, whether it be in a swimming pool, lake, river, ocean or other body of water. I allow him to participate in all swimming activities, canoeing, water tubing, diving and all other activities that the school's officials choose for the boys to participate in.

Permission is granted to participate in these activities: ☐ YES / ☐ NO If "no", please specify why:

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**2. Sports, hiking and climbing.** I give permission to the school for my son to participate in all sports, including skiing and skating, and in any hiking or climbing activity that is proper and safe for his age group. I affirm that my/our son does not suffer from any fainting spells, especially during climbing, or fear of heights, and has not had any episodes of light-headedness. He is of average or above average athletic ability.

Permission is granted to participate in these activities: ☐ YES / ☐ NO If "no", please specify why:

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**3. Transportation to and from activities.** I give permission to the school to transport my/our son to and from all activities (both in-state and out-of-state) during his stay at the Sacred Heart Apostolic School, whether the journey be an activity that begins and ends on the same day or whether it be a multi-day journey. I understand that the driver of the vehicle may or may not be a member of the Legion of Christ, but also that my/our son will always be accompanied by a school official.

Permission is granted to participate in these activities: ☐ YES / ☐ NO If "no", please specify why:

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X

Signature of father/guardian

Date

X

Signature of mother/guardian

Date

## Photo Release Form for Minors

Sacred Heart Apostolic School and their staff has my permission to use my or my child's photograph publicly for school communication and promotion. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

## Consent Form for Communication with Students

The teaching, religious and business administration staff of Sacred Heart Apostolic School have my permission to contact my son via phone call, text message, email or social media in order to communicate or request necessary information pertaining to school related topics, be they administrative, educational or organizational.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

## Release and Medical Waiver

I/We hereby release Sacred Heart Apostolic School, including but not limited to the school's directors, officers, members, employees, assistants, drivers, third parties that provide transportation, contractors, servants, volunteers and helpers, and the Legionaries of Christ, including but not limited to its officers, members, employees, drivers, third parties that provide transportation, assistants, contractors, servants, volunteers and helpers, from any and all liability for damage or injury to my/our son, \_\_\_\_\_ or to myself/ourselves, or to any person or property during the time of my/our son's attendance at the Sacred Heart Summer Program and School Year or during travel to or from that Summer Program and throughout the School Year, whether or not such damages or injuries were sustained in connection with the Summer Program and School Year or its activities. I/We further agree to indemnify and save harmless the Legionaries of Christ and Sacred Heart Apostolic School from all further claims and demands, cost or expense arising out of injuries or damage sustained by my/our son or by me/us.

I warrant and hereby agree that there is no limitation in time or amount on this waiver.

I/We also hereby waive any right to trial by jury I/we may have in any case or claim brought by or on behalf of me/us against the Legionaries of Christ and Sacred Heart Apostolic School (as defined above) in connection with my/our son's attendance at the Sacred Heart Summer Program and School Year or travel to or from that Sacred Heart Summer Program or throughout the School Year.

I/We also hereby grant permission to the representatives of the Sacred Heart Apostolic School to decide, in case of emergency, what steps should be taken in the care of my/our son according to the prudent judgment of the attending physician. I/We furthermore accept full responsibility for any and all medical expenses incurred in the treatment and care of my/our son while under the care of the Sacred Heart Apostolic School.

I/We release and waive, and further agree to indemnify, hold harmless or reimburse Sacred Heart Apostolic School, the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as all agents from and against, any claim which I, any other parent or guardian, any sibling, the above-named person or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by Sacred Heart Apostolic School or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision without limitation in time or amount), damages or injuries arising out of, during, or in connection with the child's participation in the activities, the travel to and therefrom, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my child's participation in the activities referenced on this form.

### Son's Information

First	Middle	Last
Date of birth		SSN

### Contact Information

Home Address	City	State	Zip
Home phone number	Mom's cell phone number	Dad's cell phone number	

### Emergency Information

Please provide the names of two close friends or relatives who can be contacted in case of emergency		phone number/cell phone
X		
Signature of father/guardian	Date	
X		
Signature of mother/guardian	Date	

**Medical Insurance Information**

Name of guarantor		Relationship to patient		
Date of birth		SSN		
Name of employer	Address of employer		City	State    Zip
Insurance Company	Group number		Identification number	
Address of insurance company		City	State	Zip

☐ **Check here if you have no medical insurance policy.**

**Medications:**

Please list medications being taken and any known allergies to medicines.

**Allergies:**

Please list any known allergies to medicines.

\*Please attach a copy of the insurance card.

# SACRED HEART APOSTOLIC SCHOOL

## Medical Information



### SUPPLEMENTAL MEDICAL HISTORY

*(To be filled out by the parents)*

- 1.) Is there any special medical attention the school should be made aware of? (E.g., ingrown toenail, athlete's foot, sensitivity to sun, ...etc.)

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- 2.) Is there any medication that the school should be made aware of? IMPORTANT: any medication to be taken during the Summer Program must be indicated: ***specify dosages, manner to be administered and frequency.***

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- 3.) Has he ever been treated for ADD, ADHD, or is currently on any medication? Does he need to continue any treatment while participating in the summer program?

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4.) Please tell us about any allergy or allergic reaction that your son has been experiencing (bee stings, pollen, grass, milk products, peanuts, wheat, any food products, dogs, cats, etc.)

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5.) Does your son experience light-headedness or fainting spells during vigorous physical activity? Does he get dehydrated quickly? Would you like to make the school aware of any symptoms that they should keep an eye on? Does your son need extra supervision while hiking or climbing? Why?

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6.) Is your son a good swimmer? Can he handle himself well in the water?

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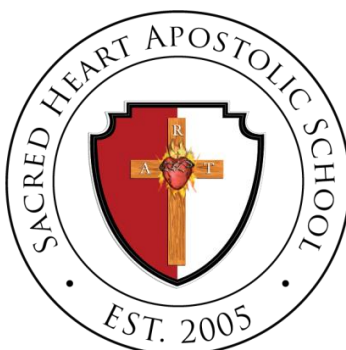
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# SACRED HEART APOSTOLIC SCHOOL

## Travel Information – Summer Program



### COMMUNICATION

- Please inform us of your son's travel plans by mail, email or phone **before July 14<sup>th</sup>**.
- Please make flights into and out of **Chicago Midway (MDW)** or **South Bend International (SBN)** airport.
- Send a copy of flight itinerary to: [admissions@shaschool.com](mailto:admissions@shaschool.com).

### Arrival Information: July 19<sup>th</sup>

AIRLINE:	FLT #	DPT CITY	DPT TIME	AM/PM	ARR CITY	ARR TIME
						After 1:00 pm
						Before 6:00 pm

Is your son an unaccompanied minor? ☐ yes ☐ no

If so, has the unaccompanied minor fee been paid? ☐ yes ☐ no

### Departure Information: August 3<sup>th</sup>

AIRLINE:	FLT #	DPT CITY	DPT TIME	ARR CITY	ARR TIME	AM/PM
			After 10:00 am			
			Before 2:00 pm			

Is your son an unaccompanied minor? ☐ yes ☐ no

If so, has the unaccompanied minor fee been paid? ☐ yes ☐ no