

Admission Application

Academic School Year _____ - _____

Please submit the non-refundable registration fee with application.

Received by _____ Date Received _____

STUDENT

Student's Name _____
Last First Middle Suffix - II III IV Jr. Preferred

Date of Birth: _____ Home Phone: _____ Religion: Catholic
Month / Day / Year Non-Catholic

Home Address: _____
Street City State ZIP Code County

Race: White Hispanic/Latino American Indian/Native Alaskan Two or more races Boy
 Black Asian Native Hawaiian/Pacific Islander Girl

Ethnicity: Hispanic Non-Hispanic

SCHOLASTIC INFORMATION

Grade Level Applying to (please circle one): Pre-K K 1 2 3 4 5 6 7 8

Current or Previous School (including Pre-K): _____ Date of Enrollment: _____

School's Address: _____ School's Phone: _____

Has the student ever applied for admission to BSS? Yes No If yes, what grade? _____

Has the student ever attended BSS? Yes No If yes, what grade? _____

Does the student have siblings applying to BSS this academic school year? Yes No

If yes, please provide names and grades _____

Does the student have siblings currently attending BSS? Yes No If yes, please provide names and grades.

Are the student's parents / grandparents BSS alumni? Yes No If yes, please provide names and graduation year(s):

STUDENT HISTORY

Does the student have any current or history of medical, behavioral or emotional challenges?
If yes, please explain _____

Has the student ever been enrolled in a Special Education Program?
If yes, please explain _____

Has the student ever been expelled, denied re-enrollment, counseled not to return to a school or been the subject of any school disciplinary action? Yes No If yes, please provide details _____

Is the student on any medication? Yes No If yes, name of medication(s) _____
dosage _____

Blessed Sacrament Admission Application

FATHER

Father's Name (Dr. / Mr.) _____
Last First Middle Suffix - II III IV Jr.

Home Address _____
Area Code / Home Phone Number

_____ E-Mail _____
City State Zip

Employer _____ Position _____
Area Code / Mobile Phone Number

Business Address _____ E-Mail _____

_____ *City State Zip Area Code / Business Phone Number*

Religion _____ Participating Non-participating Place of Worship _____

MOTHER

Mother's Name (Dr. / Mrs. / Ms.) _____
Last First Middle

Home Address _____
Area Code / Home Phone Number

_____ E-Mail _____
City State Zip

Employer _____ Position _____
Area Code / Mobile Phone Number

Business Address _____ E-Mail _____

_____ *City State Zip Area Code / Business Phone Number*

Religion _____ Participating Non-participating Place of Worship _____

STEP-PARENTS

Step-Father's Name (Dr. / Mr.) _____
Last First Middle Suffix - II III IV Jr.

Home Address _____
Area Code / Home Phone Number

_____ E-Mail _____
City State Zip

Employer _____ Position _____
Area Code / Mobile Phone Number

Step-Mother's Name (Dr. / Mrs. / Ms.) _____
Last First Middle

Home Address _____
Area Code / Business Phone Number

_____ E-Mail _____
City State Zip

Employer _____ Position _____
Area Code / Mobile Phone Number

REL

If Catholic, please include the following information: Baptism (Date/Place): _____
1st Holy Communion (Date/Place): _____ Confirmation (Date/Place): _____

CONTACT INFO

Parents are: married separated divorced father deceased mother deceased single parent
With whom does the student live? _____ (If divorced, a custody section of the divorce decree is required)
To whom should school information be sent? _____
Email address for BSS correspondence: _____
Emergency contact person _____ Phone Number _____
Area Code / Phone Number

FINANCIAL

Person responsible for bills (this person must complete a financial FACTS enrollment contract):
Name: _____
Address (if other than a parent): _____
Street City State Zip
Phone Number: _____ Relationship to Student: _____
Area Code / Phone Number

EXTENDED FAMILY

In order to keep extended family members of our current students informed about our various school activities, they are sent invitations to special events. Please provide their contact information below:

name	address	city / state / zip	email	relationship to student
name	address	city / state / zip	email	relationship to student
name	address	city / state / zip	email	relationship to student
name	address	city / state / zip	email	relationship to student
name	address	city / state / zip	email	relationship to student

INTEREST

How did you first learn of BSS? Friend BSS Family BSS Faculty Website Advertisement Online
Other: _____
Please provide the name and address of the person who influenced you in deciding to apply to BSS so we may thank them:
Name: _____
Address: _____
Street City State Zip
Key factors influencing your application to BSS: Faculty Facilities Academic reputation Catholic Education
 Fine Arts Program Tuition Location Discipline Class Size Caring Sense of Community
 Other: _____

RELEASE

Please list any person or persons that you **DO NOT** want your child released to:

Our Mission

The mission of Blessed Sacrament School is to educate the whole child according to Gospel teachings, doctrines, and traditions of the Catholic Church; challenge all students to reach their academic potential; and prepare them to serve God, the Church, and the world.

I hereby submit application and request that my child attend Blessed Sacrament Catholic School; If accepted, I will cooperate with the spirit and regulations of the school.

I hereby state that the information provided in this application is correct. I assume responsibility for notifying the school office of any changes.

I understand that the registration fee is non-refundable.

Parent Name (please print)

Date

Parent Signature



believe.

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