



BLESSED SACRAMENT CATHOLIC SCHOOL

Over 130 years of Academic Excellence and Character Formation

1105 East Highland
Jonesboro, AR 72401

Phone: 870.932.3684
principal@catholicjonesboroschool.com

STUDENT ENROLLMENT APPLICATION KINDERGARTEN – 6th GRADE

PLEASE PRINT

Admission request for school year _____ Grade _____

Today's Date _____ Enrollment Date _____

STUDENT INFORMATION

Gender Male Female

Name _____
Last First Middle Name Preferred Name

Address _____
No. Street Apt # City State Zip

School district in which you reside _____

Birth Date _____ Birth Place _____ Home phone# _____

Religion _____ Parish Church _____

Baptism Date _____ Reconciliation Date _____ First Communion Date _____

Church & Address _____

Race Check only those that apply

_____ Asian _____ American Indian _____ Native Alaskan _____ Black African American

_____ Native Hawaiian _____ Other Pacific Islander _____ White _____ Two or More Races

Ethnicity _____ Hispanic/Latino _____ Non-Hispanic

Languages spoken in the home _____ English _____ Spanish _____ Other specify _____

Does your child have any medical issues that BSCS needs to know about? Yes No

If yes, please explain _____

Has your child ever been evaluated for any special needs? IEP's, 504 Plan, etc Yes No

Has your child ever been diagnosed with ADD LD ADHD Dyslexia

ASD Speech Impairment Hearing Impairment Other

Is your child receiving any educational assistance or support services at this time? Yes No

If yes, please explain _____

Has your child previously applied or been enrolled at Blessed Sacrament Catholic School? Yes No

Please share with us why you wish to apply to Blessed Sacrament Catholic School.

FAMILY INFORMATION

Father's Full Name _____
Home Phone # _____
Father's Occupation _____
Place of Business _____
Work days/hours _____
Business Phone # _____
Father's Email _____
Cell # _____
Religion _____
Alumni BSCS _____ Yes _____ Year _____ No

Mother's Full Name _____
Home Phone # _____
Mother's Occupation _____
Place of Business _____
Work days/hours _____
Business Phone # _____
Mother's Email _____
Cell # _____
Religion _____
Alumni BSCS _____ Yes _____ Year _____ No

GUARDIAN OR STEPPARENT INFORMATION

Stepfather's Full Name _____
Home Phone # _____
Stepfather's Occupation _____
Place of Business _____
Work days/hours _____
Business Phone # _____
Stepfather's Email _____
Cell # _____
Religion _____
Alumni BSCS _____ Yes _____ Year _____ No

Stepmother's Full Name _____
Home Phone # _____
Stepmother's Occupation _____
Place of Business _____
Work days/hours _____
Business Phone # _____
Stepmother's Email _____
Cell # _____
Religion _____
Alumni BSCS _____ Yes _____ Year _____ No

Check all applicable _____ Lives w/both Parents _____ Lives w/ Mother _____ Lives w/Father
_____ Lives w/Guardians _____ Parents divorced _____ Parents separated
_____ Mother deceased _____ Father deceased _____ Mother remarried _____ Father remarried
Other _____

UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE, BOTH PARENTS HAVE ACCESS TO THE STUDENT AND ALL RECORDS.

SIBLINGS

AGE/GRADE

SCHOOL ATTENDING

Paternal Grandparents _____ Phone _____
Address _____
No. Street Apt # City State Zip

Maternal Grandparents _____ Phone _____
Address _____
No. Street Apt# City State Zip

I understand that all information included on this application form is true and accurate. I understand that any willful omission or untrue statement could result in my child losing his/her spot in Blessed Sacrament Catholic School.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

*A copy of birth certificate, updated immunization record, Baptism & First Communion certificate (if Catholic) and Social Security Card must accompany this form.