



# BLESSED SACRAMENT CATHOLIC SCHOOL

## Over 130 years of Academic Excellence and Character Formation

1105 East Highland  
Jonesboro, AR 72401

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### STUDENT ENROLLMENT APPLICATION KINDERGARTEN – 6<sup>th</sup> 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 ever been retained? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please explain. \_\_\_\_\_

Has your child ever been suspended or expelled? \_\_\_\_\_ 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.