



BLESSED SACRAMENT CATHOLIC SCHOOL

Over 130 years of Academic Excellence and Character Formation

1105 East Highland
Jonesboro, AR 72401
www.catholicjonesboroschool.com

Phone: 870.932.3684
principal@catholicjonesboroschool.com

STUDENT ENROLLMENT APPLICATION PRE-KINDERGARTEN

A child entering Preschool must be of age for that grade level on or before September 1.

Registration fee of \$175 due by April 15.

PLEASE PRINT

Admission request for school year _____ Pre K 3 _____ Pre K 4 _____

Today's Date _____ Enrollment Date _____

STUDENT INFORMATION

Gender Male Female

Name _____
Last First Middle Name Preferred Name

Address _____
No. Street Apt # City State Zip

Birth Date _____ Birth Place _____ Home phone# _____

Religion _____ Parish Church _____

Baptism 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 certificate (if Catholic), and Social Security Card must accompany registration form.