

Admission Application

Academic School Year _____ - _____

Please submit the non-refundable registration fee with application.

RELEASE

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

Our Mission

"Rooted in faith and committed to academic excellence, the community of Blessed Sacrament Catholic School prepares and empowers children to **LEAD, LOVE** and **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.

1003 East Victory Drive • Savannah, Georgia 31405 •
(912) 356-6987 • fax: (912) 356-6988 • www.bss-savannah.org

Received by _____

Date Received _____

STUDENT

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

Date of Birth: _____ Home Phone: _____ Religion: _____
Month / Day / Year Catholic Parish: 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 or IEP?

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 _____