



# Blessed Sacrament Huguenot Catholic School

## APPLICATION FOR ADMISSION

Application for Grade: \_\_\_\_\_ in Academic Year: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application with a **non-refundable fee of \$50.00.**

Student Name: \_\_\_\_\_  
*Last First Middle*

Nickname: \_\_\_\_\_ Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Parish/Church: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

If Applicable:

Are parents separated? \_\_\_\_\_ Divorced: \_\_\_\_\_

With whom does student live? \_\_\_\_\_

Financial Responsibility will be assumed by: \_\_\_\_\_

Director of Admissions  
2501 Academy Road • Powhatan, Virginia  
804.598.4211 • FAX 804.598.1053  
www.bshknights.org • admissions@bshknights.org

**Confidential Information:**

If the answer to any of the following questions is "yes," please attach a note of explanation.

Does the applicant have a diagnosed learning disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the applicant ever received special education services of any kind? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the applicant ever received professional counseling? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the applicant ever been suspended or expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the applicant ever been disciplined in a juvenile court? Yes \_\_\_\_\_ No \_\_\_\_\_

**Additional Information:**

Please provide any information which may be helpful in evaluating this applicant.

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**How did you hear about us?**

(If a BSH family referred you, please let us know their name so we can thank them for the referral)

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Parent or Guardian*

*Blessed Sacrament Huguenot Catholic School admits qualified students of any race, religion, national or ethnic origin, or disability to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.*

**School Use only**

**Application Received:** \_\_\_\_\_

**Acceptance Status:** \_\_\_\_\_

**Application Fee Received:** \_\_\_\_\_

**Enrollment Fee:** \_\_\_\_\_

**Academic Records Received:** \_\_\_\_\_

**Grade Placement:** \_\_\_\_\_