



Blessed Sacrament Huguenot Catholic School Early Childhood Program APPLICATION FOR ADMISSION

Application for Class: (Children need to be 2, 3 or 4 years old by September 30th)

_____ PS 2 yrs. - 2 days

_____ PS 2 yrs. - 3 days

_____ PS 2 yrs. - 5 days

_____ PS 3 yrs. - 2 days

_____ PS 3 yrs. - 3 days

_____ PS 3 yrs. - 5 days

_____ PK 4 yrs. - 3 days

_____ PK 4 yrs. - 5 days

_____ Half Day (8-12)

_____ School Day (8-2:45)

_____ Full Day (7-6:30)

*Not available for 2 yr. olds

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: _____

Birth Certificate Number : _____ Date Viewed: _____

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: _____

(Continue on reverse)

Paula Lacy, Early Childhood Director
2501 Academy Road • Powhatan, Virginia
804.598.4211 FAX 804.598.1053 www.bshknights.org

Siblings _____ Birth date _____ School attending _____

Current Programs/Schools attending _____ Dates _____
Prior Programs/Schools attended _____ Dates _____
_____ Dates _____

Confidential Information:

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

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 dismissed from a program or school? Yes _____ No _____

Additional Information:

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

How did you hear about BSH?

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

Signature: _____ Date: _____

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: _____

Birth/Health Records Received: _____

Class Placement: _____

Teacher: _____

Enrollment Date: _____

Termination Date: _____

Reason: _____