

## **Blessed Sacrament Huguenot Catholic School**

2501 Academy Road, Powhatan, VA 23139 (804)598-4211 • (804)598-1053 – Fax BSHKnights.org

## Mission:

BSH is a college-preparatory Catholic school that provides Preschool—12th grade students with a strong general education grounded in faith, love, and service to others. We embrace students of all faiths, abilities, and interests. We seek to grow individuals in their academic knowledge, spirituality, character, civic engagement, ethics, and decision-making to encourage them to live up to their full potential.

## Middle and High School Application for Admission

Current Grade:		Current Sch	Current School:				
Application for Grade:		School Yea	r:				
Other schools to which ap	plications have been r	made:					
Student Informa	ntion						
Student's Name:							
	(First)	(Middle)	(Last)	(	Preferred Name)		
Home Address:							
	(Street)	(City)		(State)	(Zip)		
Gender: Male / Female	Date of Birth:		Current Age:				
Ethnicity:Hispanic	or Latino OR I	Non Hispanic or Latino (c	hoose one)				
Race: American Indian or Alaska Native Native Hawaiian or other Pacific Islande		Asian slander Two or	_ Asian B _ Two or more races		Black or African American White		
Religious Affiliation:		Parish/Church:					
Extracurricular activities a	nd hobbies:						
Recent honors or awards:							
List schools and grade leve	els that the applicant h	nas attended since Kinde	rgarten:				
School:			-				
School:	: Grade Level:						
School:	ol: Grade Level:						
School:							
School:			Grade Level:				

## Parent Information Father's Name: \_\_\_\_\_ (First) (Middle) (Preferred Name) (Last) Address (if different from student): \_ (State) (City) (Zip) (Street) \_\_\_\_\_ Employer:\_\_\_\_\_ College Attended: \_\_\_\_\_\_ E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ (First) (Middle) (Last) (Preferred Name) Address (if different from student): \_\_\_ (Street) (City) (State) (Zip) Occupation: \_\_\_ \_\_\_\_\_ Employer:\_\_\_\_\_ College Attended: \_\_\_\_\_\_ E-mail: \_\_\_\_\_ Home Phone: Cell Phone: Work Phone: **Family Information** The Applicant Lives With: Mother\_\_\_\_Father\_\_\_\_Stepmother\_\_\_\_Stepfather\_\_\_\_OtherMother Deceased\_\_\_\_Father Deceased\_\_\_\_Parents are Separated\_\_\_\_Parents are Divorced\_\_\_\_ Stepfather\_\_\_\_\_ Other\_\_\_\_ Number of Siblings: \_\_\_\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_\_\_ Name: Age: School Please list any relatives who attended Huguenot Academy, Blessed Sacrament High School, and/or Blessed Sacrament **Huguenot Catholic School:** Name \_\_\_\_\_\_ Years Attended \_\_\_\_\_ Name \_\_\_\_\_\_ Years Attended \_\_\_\_\_ **Questionnaire** To be answered by the student. Why do you want to attend Blessed Sacrament Huguenot Catholic School? To be answered by the parent. Please help us get to know your daughter or son by telling us about them and what you hope the benefits of a Blessed Sacrament Huguenot education would be. Why are you considering a change in school for your daughter or son?

Confidential Informa	111011							
Does the applicant have a diagnose Has the applicant ever received sp Does the applicant have an IEP, ISF Has the applicant missed more that Has the applicant ever received produced that the applicant ever been suspe Has the applicant ever been discipled that the applicant ever been charge Please attach a note of explanation to any	)? ?	Yes     No       Yes     No						
Services and Program	ns							
Please indicate the following service  Advanced Placement Course Athletic Programs (J.V. and Bus Transportation College Advising Services Community Service Opport	ses I Varsity)	Fine Arts and	Theater ort and In-Class A inancial Aid	Accommodations				
Acknowledgement								
By signing below, I confirm that knowledge. I understand that Bles the withdrawal of an Parent/Guardian Sig	ssed Sacrament Hugu y student whose acce		as the right to dei	ny admittance to or force nformation.				
Payment Information	1							
•	are non-refundable a	and must be paid upon ble to BSH), or Credit C						
Credit Card Number	Expiration Date	CCID # (3 Digit ID Code)	House Number	Billing Zip Code				
Parent/Guardian Signature Phone Numb		umber	Date	-				
Official Use Only								
Cash/Check#/CC#	Amount	Date Receiv	 ed	Received By				