



515 Hillcrest Avenue  
Burlington, NC 27215  
336.570.0019

Enrollment Form  
Grades K-8  
2023-2024

Date \_\_\_\_\_

**Please complete this application and return it with the following:**

Copy of Birth Certificate

Copy of Baptismal Certificate (if Catholic)

Immunization Records

A non-refundable enrollment fee is required with your school contract. The contract is issued upon acceptance of the enrollment documents.

**STUDENT INFORMATION**

Grade Entering: \_\_\_\_\_

Sex: \_\_\_\_\_ M \_\_\_\_\_ F

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ NC \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Religion \_\_\_\_\_ Catholic

Parish: \_\_\_\_\_

\_\_\_\_\_ Other

Denomination/Church: \_\_\_\_\_

Sacraments Received:

\_\_\_\_\_ Baptism Date \_\_\_\_\_

\_\_\_\_\_ Reconciliation Date \_\_\_\_\_

\_\_\_\_\_ First Eucharist Date \_\_\_\_\_

Present School \_\_\_\_\_ Currently in grade \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Principal \_\_\_\_\_ Telephone \_\_\_\_\_

Previous schools student has attended \_\_\_\_\_ Grades completed \_\_\_\_\_

\_\_\_\_\_ Grades completed \_\_\_\_\_

\_\_\_\_\_ Grades completed \_\_\_\_\_

Grades repeated, if any \_\_\_\_\_

Please list any of your child's special needs (health or other) which may require attention. If you would like to share other information about your child, please do so in the space below.

\_\_\_\_\_

If English is not the primary language spoken at home, what is? \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

With whom does applicant reside? \_\_\_\_\_

Father's Name (or Legal Guardian) \_\_\_\_\_

Home phone \_\_\_\_\_ Work/Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Employer Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work/Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Employer Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Parent's Marital Status: Married Widowed Single Separated Divorced Remarried

(Check/Circle all that apply)

Child lives with: Parents Mother Father Other: (Please explain) \_\_\_\_\_

If custody is shared, who does the child stay with most often: \_\_\_\_\_

Please explain the custody arrangement (every other week, split week, summer and holidays, etc.):

How did you hear about Blessed Sacrament School? \_\_\_\_\_

Please send the completed form, along with the required documents to:

Blessed Sacrament School 515 Hillcrest Avenue Burlington, NC 27215

Please call José Rico, Director of Admissions, at 336-570-0019 with any questions.

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**OFFICE USE ONLY**

\_\_\_\_ Immunization Records \_\_\_\_ Birth Certificate \_\_\_\_ Transcript Request

\_\_\_\_ Baptismal Certificate \_\_\_\_ School Records