



7 St. Teresa Drive, Charleston, SC 29407 ■ Phone 843-766-2128 ■ Fax 843-766-2154  
[www.scbss.org](http://www.scbss.org)

## Blessed Sacrament Catholic School 2021-2022 Application for Admission

### Instructions

Please complete the application in its entirety. If you have any questions, contact Linda McHugh at 843.766.2128. After completed, please return the application to the school office by fax or email.

### Applicant Information

**Student Name:** \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the applicant have an IEP or 504 plan?  Yes  No

Previous School: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the applicant have an IEP or 504 plan?  Yes  No

Previous School: \_\_\_\_\_

### Parent/Guardian Household Information

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

EMAIL: (M) \_\_\_\_\_ (F) \_\_\_\_\_

FINANCIAL RESPONSIBILITY EMAIL: \_\_\_\_\_

MAILING ADDRESS : \_\_\_\_\_

CELL NUMBER: (M) \_\_\_\_\_ (F) \_\_\_\_\_

Are you a registered parishioner of Blessed Sacrament Catholic Church?  Yes  No

Are you a registered member of another Catholic parish:  Yes  No

If not, are your registered at any other Catholic Church, if so please list: \_\_\_\_\_

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

**Submit Completed Application To:**  
**Linda McHugh**  
lmchugh@scbss.org  
**Fax 843.766.2154**

### \*\*\*Registration and Enrollment\*\*\*

**Applications will not be processed unless it is completed in its entirety. Submission of the application does not complete the enrollment process. After the application has been submitted and approved, Blessed Sacrament Catholic School will provide parents/guardians information via email on how to complete the registration and enrollment process.**