

REGISTRATION FOR NEW ADMISSIONS
BLESSED SACRAMENT SCHOOL
2017-2018 SCHOOL YEAR

Office Use Only

Birth Cert. Immunization Form #3231 EED Cert. Soc. Sec. Card Baptismal Cert.
 Request for Records Parish Participation Card Registration Fee: _____ Check No. Cash

Please Print

Date: _____ Circle Grade Entering: BSS Pre-K K 1 2 3 4 5 6 7 8

If your child is transferring from another school, what is the reason for the transfer? _____

Name of the school transferring from? _____

List the name and grade of sibling(s) in BSS: _____

Please check to indicate your reasons for enrolling your child/children in Blessed Sacrament:

Catholic Religious Education Academic Programs Faculty
 Caring Sense of Community Concern Tuition Discipline
 Other _____

How did you hear about Blessed Sacrament?

Newspaper Ad Friend Other _____

Student's Name: _____
Last First Middle Name Preferred

Date of Birth: _____ Sex: _____ Social Security #: _____
Month Day Year

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Religion: _____ Parish Affiliation: _____

Mother's Name: _____ Religion: _____
Last First Middle

Home Address: _____ Phone: _____

Mother's E-mail Address _____

City: _____ State: _____ Zip: _____

Occupation: _____

Employer: _____ Phone: _____

Father's Name: _____ Religion: _____
Last First Middle

Home Address: _____ Phone: _____

Father's E-mail Address _____

City: _____ State: _____ Zip: _____

Occupation: _____

Employer: _____ Phone: _____

If divorced, a custody section of divorce degree is required.

With whom does the child live: _____

Fill out front and back of form.

If the student is **Catholic**, please answer the following questions.

Baptism: _____
Name of Church City State Month/Day/Year

First Communion: _____
Name of Church City State Month/Day/Year

Confirmation: _____
Name of Church City State Month/Day/Year

If child attended public school, did he/she attend CCD? ____ Yes ____ No

Answer the following questions for all students:

Has student ever been enrolled in Special Education Programs: ____ Yes ____ No

Describe the program: _____

Has your child ever been asked to leave his/her school? If yes, please explain. _____

Is the student on any medication? ____ Yes ____ No

Name of medication: _____ Dosage: _____

Emergency Contacts

If parent cannot be contacted in case of an emergency, please notify the following:

Name Home Phone Work Phone Cell Phone

Name Home Phone Work Phone Cell Phone

Name Home Phone Work Phone Cell Phone

Persons authorized to pick child up:

Name Relationship

Name Relationship

Name Relationship

Maternal Grandparents: _____
Name Address City State Zip

Paternal Grandparents: _____
Name Address City State Zip

Is there anyone that you do not wish us to release your child to?

I hereby make application and request that my child attend Blessed Sacrament School. If accepted, I will cooperate with the spirit and regulations of the school. In signing this application, I am giving the school assurance that I understand and will abide by these requirements.

The above information is correct. I assume responsibility for notifying the school office of any changes. I understand that the registration fee is **non-refundable**.

Parent Signature: _____ Date: _____