

**REGISTRATION FOR NEW ADMISSIONS**  
**BLESSED SACRAMENT SCHOOL**  
**2014-2015 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: \_\_\_\_\_