



# Blessed Sacrament Parish School APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY:

\_\_\_\_\_ SCHOOL RECORDS SENT FOR

\_\_\_\_\_ SCHOOL RECORDS REC'D

\_\_\_\_\_ IMM. RECORDS S - NS

Grade 2010-2011 \_\_\_\_\_

## Student Information

Student Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Gender: \_\_\_\_\_

1<sup>st</sup> Language \_\_\_\_\_ Birthplace: \_\_\_\_\_

Ethnicity: African American \_\_\_\_\_ Asian \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Multiracial \_\_\_\_\_

Native Alaskan/Am. Indian \_\_\_\_\_ Native Hawaiian \_\_\_\_\_ Pacific Islander \_\_\_\_\_

Grade applying for: \_\_\_\_\_

Name and address of school student is currently attending: \_\_\_\_\_

Emergency Contact – other than parent who the child may be released to:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Religious Background:

Religion: \_\_\_\_\_ Parish Attending: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_

First Eucharist Date: \_\_\_\_\_ Church: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_

Health History:

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any recurring health issues your child has: \_\_\_\_\_

Please list any medication your child is taking: \_\_\_\_\_

Does your child have an IEP or receive special services at present school? \_\_\_\_\_

If so, what do these services cover?: \_\_\_\_\_

**FAMILY INFORMATION**

Father's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_ Marital Status \_\_\_\_\_  
Religion \_\_\_\_\_ Parish Attending \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_ Marital Status \_\_\_\_\_  
Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_ Parish Attending \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

Step Father/Mother Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_ Marital Status \_\_\_\_\_  
Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_ Parish Attending \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Step Father/Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_

**Authorization to release information to:**

Mother  Father  Stepmother  Stepfather  Guardian

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

**How did you hear of Blessed Sacrament Parish School?** \_\_\_\_\_

**4551 56<sup>th</sup> St. San Diego, CA 92115-3698 (619) 582-3862**

**A non-refundable fee of \$25 is due when submitting this application**