

605 Central Ave Albany, New York 12206 518-438-5854

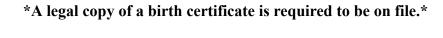


Alexandra Morazán, Principal



REGISTRATION 2024-2025

New Student: Re-Registration:	\$95 Registration Fee (payable by cash or check): []	
SECTION I: Student Information [Please]	print clearly.]	
Student Name: In	coming Grade Level:	
Address: State: Zip:	Date of Birth:	
Public SCHOOL DISTRICT OF RESIDENCE:		
Student's Religion: Catholic Protestant	_ JewishMuslimOther	
If Catholic, please complete the following:		
Date of Baptism: Parish: Parish:	City: State:	
Immigration Information: (REQUIRED)		
Child's Date of Birth:// City of Birth:	State:	
Was your child born outside of the United States?	YesNo	
If YES, please answer the following questions: Country of Birth: City of B	eirth:	
Entry Date to United States: Entry I	Date to New York Schools:	





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www.blessedsacramentschool.net

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Student Race and Ethnicity:

	Please read t	the following	questions	carefully a	nd answer	them b	oth
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*For Question 1. Please select onl	y ONE of the following:
1YES, HispanicNo	O, not Hispanic
2. Select ONE or MORE races fro	om the following racial groups. (Make sure you select at least
one.)	S and
AMERICAN INDIAN OR ALA	ASKA NATIVE
ASIAN	
NATIVE HAWAIIAN OR OTH	
BLACK OR AFRICAN AMER	ICAN
WHITE	
Student Data:	
Educational:	
Previous School or Daycare:	Phone: Current GPA:
Current School:	Current GPA:
Individual Education Plan: (IEP)Y 504 Accommodation Plan Yes	VesNo Provide Copy of Current Plan (Date) No Provide Copy of Current Plan (Date)
I hereby grant permission for B	SS to contact my child's previous school/daycare:
Parent Signature:	
SECTION II: Parent/Guardian	Information (FILL IN COMPLETELY)
	(2 222 21 / 0 0 21 22 22 2)
Parent 1 (Living in the household with the child lis	sted above). Parent 2 (Living in the household with the child listed above).
Relationship to Student:	Name: Relationship to Student:
Address:	Address:
City: State:	Address: State:
Email:	Email:
Cell Phone: ()	Cell Phone: ()
Work Phone:()	Work Phone:(
Employer:	Employer:





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(School MUST have a control Attach a certified copy of the control Bearing the case number and the any and all modifications made as registration of the child in this schape Responsibility of the parents to in Principal of any subsequent mode during the child's tenure at the second	urt decision ose sections of date of oool. It is the uform the ifications			
Siblings in Same Household				
Does a non-residential parer Is there a court decision that school Activities? Is the non-residential parent Non-Residential Parent Current Address:	nt have contact with Child t states that non-residentian t responsible for paying tu	al parent should NOT i		attend
Current Phone:Email:				
Parents will be the first emergency.			ndary person in ca	se of a
Second Contact: Name:				
Relation: Address: Home Phone:		State:	Zip:	
Home Phone:	Cell Phone:			



PHONE NUMBER CHANGE, AND/OR A CHANGE IN WHO MAY PICK UP YOUR

CHILD, THIS INFORMATION MUST ALWAYS REMAIN CURRENT.



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FACTS Tuition Management Account (REQUIRED)

Blessed Sacrament School uses FACTS tuition. You may set up a tuition schedule in your online account. Tuition payment(s) will automatically be withdrawn from your FACTS tuition account. Other fees, including AfterCare (if registered), and activity fees will be charged through the same account. Administration reserves the right to bill all fees and arrears to an active FACTS account. Notification will be provided by FACTS Tuition management.

-I understand that if my FACTS tuition account is in delinqu	ency it may impact enrollment.
Parent Initials	
-I understand that a FACTS Grant and Aid application	is required for consideration for tuition
assistance.	•
I acknowledge the financial responsibilities related to t	he enrollment of students at BSS.
*	
Parent Signature	

Registration Fee (Non-Refundable) \$95.00 Student Registration Fee (Once paid, holds your child's place in the class).

