



Blessed Sacrament School
 605 Central Ave
 Albany, New York 12206
 518-438-5854
www.blessedsacramentschool.net
 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: _____ Incoming Grade Level: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Date of Birth: _____

Public SCHOOL DISTRICT OF RESIDENCE: _____ Male ___ Female ___

Student's Religion: ___ Catholic ___ Protestant ___ Jewish ___ Muslim ___ Other

If **Catholic** , please complete the following:

Date of Baptism: _____ Parish: _____ City: _____ State: _____
 Date of Communion: _____ Parish: _____

Immigration Information: (REQUIRED)

Child's Date of Birth: ___/___/___ City of Birth: _____ State: _____

Was your child born outside of the United States? ___ Yes ___ No

If YES, please answer the following questions:

Country of Birth: _____ City of Birth: _____

Entry Date to United States: _____ Entry Date to New York Schools: _____

A legal copy of a birth certificate is required to be on file.



"Providing quality Catholic education since 1916"

Accredited by Cognia



Student Race and Ethnicity:

Please read the following questions carefully and answer them both.

*For Question 1. Please select only ONE of the following:

1. YES, Hispanic NO, not Hispanic
2. Select ONE or MORE races from the following racial groups. (Make sure you select **at least one**.)
 - AMERICAN INDIAN OR ALASKA NATIVE
 - ASIAN
 - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 - BLACK OR AFRICAN AMERICAN
 - WHITE

Student Data:

Educational:

Previous School or Daycare: _____ Phone: _____
 Current School: _____ Current GPA: _____

Has your child currently or in the past received special education service(s) or accommodation(s) through an:
 Individual Education Plan: (IEP) Yes No Provide Copy of Current Plan (Date) _____
 504 Accommodation Plan Yes No Provide Copy of Current Plan (Date) _____

I hereby grant permission for BSS to contact my child's previous school/daycare:

Parent Signature:

SECTION II: Parent/Guardian Information (FILL IN COMPLETELY)

Parent 1 (Living in the household with the child listed above). **Parent 2** (Living in the household with the child listed above).

Name: _____ Name: _____
 Relationship to Student: _____ Relationship to Student: _____
 Address: _____ Address: _____
 City: _____ State: _____ City: _____ State: _____
 Email: _____ Email: _____
 Cell Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
 Work Phone: (____) _____ - _____ Work Phone: (____) _____ - _____
 Employer: _____ Employer: _____



Is there a legal custody arrangement? ___ YES ___ NO

(School MUST have a copy)

Attach a certified copy of the court decision Bearing the case number and those sections any and all modifications made as of date of registration of the child in this school. *It is the Responsibility of the parents to inform the Principal of any subsequent modifications during the child's tenure at the school.*

Siblings in Same Household (Not attending BSS): Grade: School:

Does a non-residential parent have contact with Child? _____

Is there a court decision that states that non-residential parent should NOT receive information or attend school Activities? _____

Is the non-residential parent responsible for paying tuition: _____

Non-Residential Parent _____

Current Address: _____

Current Phone: _____

Email: _____

SECTION III- EMERGENCY INFORMATION

Parents will be the first contact for emergencies. Please list a secondary person in case of an emergency.

Second Contact:

Name: _____

Relation: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

In case of emergency, to which hospital should we send your child?

PLEASE REMEMBER TO NOTIFY US IF YOU HAVE AN ADDRESS CHANGE, A 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 delinquency 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 the 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).