

APPLICATION

(Please Note: This form is 2-sided.)



Blessed Sacrament School

605 Central Ave Albany NY

Phone: 518-438-585 • info@blessedsacramentschool.net

Accredited by COGNIA

For Office Use Only

- Application
- \$100 Application Fee
- Birth Certificate
- Baptismal Certificate
- Health History (parent fills out)
- Health & Immunization Records
- Dental Records
- Transcript Request

Please Note: A \$100 Registration Fee must accompany this Application. The fee is non-refundable.

Today's Date: _____ Desired Enrollment Date: _____ Public School District: _____

If you were referred to Blessed Sacrament School by a current school family, please list the name of the family: _____

Please Check One: PK3 PK4

Kdg. Gr. 1 Gr. 2 Gr. 3 Gr. 4 Gr. 5 Gr. 6 Gr. 7 Gr. 8

Student

Male Female

Last Name First Name Middle Name Nickname

Address City State Zip Phone

Date of Birth City/State of Birth Religion Parish

Student lives with: Both Parents Mother Father Guardian

Citizenship: US Citizen Non-US Citizen (specify): _____

Ethnicity: American Indian or Alaska Native Hispanic Asian African-American

Native Hawaiian/Other Pacific Islander White Multicultural

Previous School

List all school(s) previously attended, including Preschool through current year.

Grade(s) Name of School:

Does student currently have an IEP? Yes No (If yes, please attach a copy)

Does student currently have a 504 plan? Yes No (If yes, please attach a copy)

Has student received Academic Intervention Services on or off the school site? Yes No Where: _____

Type of Services: _____

Has student had an evaluation performed by the school and/or district (regardless of whether or not it resulted in the creation of an IEP

and/or 504 Plan)? Yes No Where: _____

Continued on Reverse

Record of Sacraments

Baptismal Date _____

Church _____

City/State _____

If your child was baptized, a copy of the Baptismal Certificate is required with the registration form.

Reconciliation Date _____

Church _____

City/State _____

Communion Date _____

Church _____

City/State _____

Parent/Guardian

Please Check One:

Mother

Father

Guardian

Last Name _____

First Name _____

Email _____

Religion _____

Address same as student

Home address if different from student _____

City _____

State _____

Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Occupation _____

Business Name & Address _____

Parent/Guardian

Please Check One:

Mother

Father

Guardian

Last Name _____

First Name _____

Email _____

Religion _____

Address same as student

Home address if different from student _____

City _____

State _____

Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Occupation _____

Business Name & Address _____

Other family members who are attending or who have attended Blessed Sacrament School:

Name: _____

Dates: _____

Name: _____

Dates: _____

Name: _____

Dates: _____

Siblings Not Attending St. Thomas the Apostle School

Sibling Name: _____

Age: _____

School: _____

Sibling Name: _____

Age: _____

School: _____

Continue on back or a separate sheet if necessary.