

BLESSED SACRAMENT SCHOOL  
240 Regent Avenue  
Providence, RI 02908  
(401) 831-3993

*For Office Use Only*  
Registration Fee \$50.00

Rec'd By: \_\_\_\_\_  
Date: \_\_\_\_\_

**NEW STUDENT REGISTRATION**

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Entering Grade \_\_\_\_\_  
Last Name / First Name / Middle Initial

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M  F  Home Phone \_\_\_\_\_  
Month / Day / Year

Home Address \_\_\_\_\_  
Apartment # / Street # / Street Name / PO Box City / State / Zip Code

Student Resides with:  Mother  Father  Both  Other: \_\_\_\_\_

Legal Guardian Name \_\_\_\_\_  
Last Name / First Name / Middle Initial

Person responsible for tuition payments \_\_\_\_\_  
Last Name / First Name / Middle Initial

Home Address \_\_\_\_\_  
Apartment # / Street # / Street Name / PO Box

Emergency Contact Name _____ Last Name / First Name / Middle Initial
Work Phone _____ Home _____ Cell _____
Home Address _____ Apartment # / Street Number / Street Name / PO Box City / State / Zip Code

Mother's Name _____ Last Name / First Name / Middle Initial
Work Phone _____ Home _____ Cell _____
Home Address _____ Apartment # / Street Number / Street Name / PO Box City / State / Zip Code
Occupation _____ Employed by _____
Email Address _____

Father's Name _____ Last Name / First Name / Middle Initial
Work Phone _____ Home _____ Cell _____
Home Address _____ Apartment # / Street Number / Street Name / PO Box City / State / Zip Code
Occupation _____ Employed by _____
Email Address _____

**U.S. Census Bureau Race/Ethnicity Reporting** — Child should be identified by category of which he/she is most characteristic. Please circle one option from each category.

**Race:** (circle one)      White      American Indian/Native Alaskan      Black/African American  
Native Hawaiian/Other Pacific Islander      Asian      Two or more races

Parish in which you are registered: \_\_\_\_\_

If Blessed Sacrament Parish... Budget # \_\_\_\_\_

Last school attended by this student \_\_\_\_\_

School address \_\_\_\_\_  
Street# / Street Name City / State / Zip Code

Last grade enrolled \_\_\_\_\_

Previous address if new to this area \_\_\_\_\_  
Street# / Street Name City / State / Zip Code

Sacraments received by the student:

Baptismal Date: \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

First Communion Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

Family Information:

Parent's Religion: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Primary Language spoken in the home: \_\_\_\_\_

Other children in the family:

Name	Age	School (if applicable)

Does the student have any special health problems?  No  Yes, explain: \_\_\_\_\_

Does the student take any medication regularly?  No  Yes, explain: \_\_\_\_\_

Has the student ever received special services?  No  Yes, If yes, please explain: \_\_\_\_\_

Please circle all that apply: Speech Therapy    Resource Help    Remedial Reading    Other: \_\_\_\_\_

Special services dates \_\_\_\_\_ Location \_\_\_\_\_

Are special services:  continuing  terminated

Father's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_