

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

For Office Use Only
Registration Fee _____
Tuition Deposit _____
Rec'd By: _____
Date: _____

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
Ethnicity: (circle one) Hispanic or Latino Not Hispanic or Latino Town in which Taxes are paid:

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: _____