

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 \_\_\_\_\_

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:

Religion: Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Child: \_\_\_\_\_

Primary Language spoken in the home: \_\_\_\_\_ Child's Race: \_\_\_\_\_

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, explain: \_\_\_\_\_

Speech Therapy  Resource Help  Remedial Reading  Other: \_\_\_\_\_

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

Are special services:  continuing  terminated

**METHOD OF PAYMENT**

Prior to the start of the school year: **Re-registration** is \$50.00 and is accepted only from those **who are current with all financial obligations for the present year**. The remaining tuition is divided over the next ten months at \$375.00 per month. In addition, each family must sell \$100 in Ten Week Club tickets or pay the \$100 dollars themselves.

**New students:** The first payment of \$380.00 per child is due at time of registration, plus a one-time \$55.00 registration fee (for a total of \$435.00). The \$55.00 fee is not deducted from your tuition.

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

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

Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_