

Blessed Sacrament Admission Application

FATHER

Father's Name (Dr. / Mr.) _____
Last First Middle Suffix - II III IV Jr.

Home Address _____
Area Code / Home Phone Number

City _____ State _____ Zip _____ E-Mail _____

Employer _____ Position _____
Area Code / Mobile Phone Number

Business Address _____ E-Mail _____

City _____ State _____ Zip _____
Area Code / Business Phone Number

Religion _____ Participating Non-participating Place of Worship _____

MOTHER

Mother's Name (Dr. / Mrs. / Ms.) _____
Last First Middle

Home Address _____
Area Code / Home Phone Number

City _____ State _____ Zip _____ E-Mail _____

Employer _____ Position _____
Area Code / Mobile Phone Number

Business Address _____ E-Mail _____

City _____ State _____ Zip _____
Area Code / Business Phone Number

Religion _____ Participating Non-participating Place of Worship _____

STEP-PARENTS

Step-Father's Name (Dr. / Mr.) _____
Last First Middle Suffix - II III IV Jr.

Home Address _____
Area Code / Home Phone Number

City _____ State _____ Zip _____ E-Mail _____

Employer _____ Position _____
Area Code / Mobile Phone Number

Step-Mother's Name (Dr. / Mrs. / Ms.) _____
Last First Middle

Home Address _____
Area Code / Business Phone Number

City _____ State _____ Zip _____ E-Mail _____

Employer _____ Position _____
Area Code / Mobile Phone Number

REL

If Catholic, please include the following information: Baptism (Date/Place): _____
 1st Holy Communion (Date/Place): _____ Confirmation (Date/Place): _____

CONTACT INFO

Parents are: married separated divorced father deceased mother deceased single parent

With whom does the student live? _____ *(If divorced, a custody section of the divorce decree is required)*

To whom should school information be sent? _____

Email address for BSS correspondence: _____

Emergency contact person _____ Phone Number _____
Area Code / Phone Number

FINANCIAL

Person responsible for bills (this person must complete a financial FACTS enrollment contract):

Name: _____

Address (if other than a parent): _____
Street City State Zip

Phone Number: _____ Relationship to Student: _____
Area Code / Phone Number

EXTENDED FAMILY

In order to keep extended family members of our current students informed about our various school activities, they are sent invitations to special events. Please provide their contact information below:

_____	_____	_____	_____	_____
<small>name</small>	<small>address</small>	<small>city / state / zip</small>	<small>email</small>	<small>relationship to student</small>
_____	_____	_____	_____	_____
<small>name</small>	<small>address</small>	<small>city / state / zip</small>	<small>email</small>	<small>relationship to student</small>
_____	_____	_____	_____	_____
<small>name</small>	<small>address</small>	<small>city / state / zip</small>	<small>email</small>	<small>relationship to student</small>
_____	_____	_____	_____	_____
<small>name</small>	<small>address</small>	<small>city / state / zip</small>	<small>email</small>	<small>relationship to student</small>
_____	_____	_____	_____	_____
<small>name</small>	<small>address</small>	<small>city / state / zip</small>	<small>email</small>	<small>relationship to student</small>

INTEREST

How did you first learn of BSS? Friend BSS Family BSS Faculty Website Advertisement Online

Other: _____

Please provide the name and address of the person who influenced you in deciding to apply to BSS so we may thank them:

Name: _____

Address: _____
Street City State Zip

Key factors influencing your application to BSS: Faculty Facilities Academic reputation Catholic Education
 Fine Arts Program Tuition Location Discipline Class Size Caring Sense of Community
 Other: _____