

Blessed Sacrament School

5841 Chevy Chase Parkway, NW · Washington, DC 20015-2599

202-966-6682 · Fax 202-966-4938 · www.bsstoday.org

Formal Application PAGE 1 OF 2

Initial Registration Date _____ **For Grade** _____ **Current Grade** _____

Student's Name

LAST FIRST MIDDLE NICKNAME

ADDRESS/ZIP CODE HOME TELEPHONE

BIRTH MONTH/DAY/YEAR PLACE RELIGION PARISH

Father's Name

LAST FIRST OCCUPATION

ADDRESS/ZIP CODE HOME TELEPHONE

BUSINESS TELEPHONE CELLULAR

E-MAIL ADDRESS

- Separated
- Remarried
- Deceased

RELIGION PARISH

Mother's Name

LAST FIRST OCCUPATION

ADDRESS/ZIP CODE HOME TELEPHONE

BUSINESS TELEPHONE CELLULAR

E-MAIL ADDRESS

- Separated
- Remarried
- Deceased

RELIGION PARISH

Student resides with

Mother Father Both parents Other _____

Person to be billed for tuition, milk, etc.

Mother Father Both parents Other _____

Reception of Sacrament DATE CHURCH LOCATION

Baptism

Holy Eucharist

Confirmation

Penance

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Student's Ethnic Origin (check one)

- African American American Indian Asian Other _____
 Hispanic White/Caucasian Multiracial _____

Language(s)

spoken, written, read in home _____

If student is transferring from another school, complete the following.

School _____

Years attended _____

Grade 4 to 7 Applicants

How many years of Foreign Language have been taken? _____

Please name the Foreign Language: _____

Brothers and sisters

Birth order

Name

1 _____

2 _____

3 _____

4 _____

5 _____

Please indicate below how your involvement in Blessed Sacrament parish has been manifested.

