

**Blessed Sacrament Catholic School
Pre-School Student Information**

School Year: **2017 - 2018**

Today's Date _____ 4 Year Old (Must be 4 by Sept. 1st.) Mon./Wed./Fr. A.M.____ or P.M.____

Student's Legal Name (Last) _____ (First) _____ (M.I.) _____ (Nickname) _____

Address _____ City _____ Zip _____

Home Phone _____ Gender: M F Date of Birth: _____

Ethnic Background: ___Caucasian ___Black/African American ___Hispanic/Mexican ___Middle Eastern ___Asian American/Vietnamese
___Native American/Alaskan/Pacific Islander ___Black/not African American ___Hispanic/other than Mexican ___Asian American/other than Vietnamese

Please Circle Public School District in which you now reside: Andover 385 Augusta 394 Circle/Towanda 375 Derby 260 Rose Hill 394
Wichita 259 Other _____

Religion _____ Current Parish Affiliation _____

Baptism Date _____ Church _____ City, State _____

SIBLING INFORMATION (2017-2018)

Name _____ Grade: _____

Name _____ Grade: _____

Name _____ Grade: _____

Name _____ Grade: _____

EMERGENCY CONTACT (*Other than parent/guardian*)

Name _____ Relationship _____ Phone _____ Alt. Number _____

Name _____ Relationship _____ Phone _____ Alt. Number _____

MEDICAL INFORMATION

Pertinent Medical Information _____

Comments on Student's Health, Handicaps, or other problems that may affect or interrupt the learning process _____

Emergency Medical Treatment Release: I hereby authorize Blessed Sacrament Catholic School to call an ambulance and transport the above named student to the preferred hospital for medical treatment.

Physician _____ Phone _____ Hospital Preference _____

Insurance Company _____ Policy Number _____

Signature _____ Date _____

Please complete back side

