

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

School Year: **2018 - 2019**

Today's Date \_\_\_\_\_ 3 Year Old (Must be 3 by Sept. 1st) Tuesday/Thursday A.M.\_\_\_\_ or P.M.\_\_\_\_ (if offered)

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 (2018-2019)**

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**

**Student lives with** \_\_\_Mother/Father \_\_\_Mother Only \_\_\_Father Only \_\_\_Mother/Stepfather \_\_\_Father/Stepmother

\_\_\_Other \_\_\_\_\_

**FATHER**

**MOTHER**

Name \_\_\_\_\_

\_\_\_\_\_

Address (if different from student's) \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Cell Numbers \_\_\_\_\_

\_\_\_\_\_

Day Phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Place of Employment \_\_\_\_\_

\_\_\_\_\_

Work Number \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Religion \_\_\_\_\_

\_\_\_\_\_

Parish \_\_\_\_\_

\_\_\_\_\_

Ethnic Background \_\_\_\_\_

\_\_\_\_\_

**STEPMOTHER**

**STEPFATHER**

Name \_\_\_\_\_

\_\_\_\_\_

Address (if different from student's) \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Cell Numbers \_\_\_\_\_

\_\_\_\_\_

Day Phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Place of Employment \_\_\_\_\_

\_\_\_\_\_

Work Number \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Religion \_\_\_\_\_

\_\_\_\_\_

Parish \_\_\_\_\_

\_\_\_\_\_

Ethnic Background \_\_\_\_\_

\_\_\_\_\_