

**Blessed Sacrament Catholic School
New Student Information**

School Year: **2019 - 2020**
Grade: _____

FOR OFFICE USE ONLY:
Finance Council: _____
Stewardship Committee: _____

Today's Date _____

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

School Last Attended _____ Date 1st Entered a Kansas school _____

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 _____

First Communion Date _____ Church _____ City, State _____

SIBLING INFORMATION (2019-2020)

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 _____

Does your child have any psychological, learning or behavioral difficulties of which the school should be aware? _____

Has your child ever qualified for an Individual Education Plan (IEP), Individual Learning Plan (ILP), 504 Plan or been diagnosed by a doctor to have a psychological, learning or behavior issue? _____

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	_____	_____