



## Blessed Sacrament School

14146 S. Olive Street Westminster, CA 92683 (714)893-7701

### Application for Enrollment

Grade in September \_\_\_\_\_ of School Year \_\_\_\_\_

### Pupil Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Birthdate \_\_\_/\_\_\_/\_\_\_ Birthplace \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Student Lives With: \_\_\_ Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Step-Parent \_\_\_ Guardian \_\_\_ Grandparent \_\_\_ Other

Catholic \_\_\_ Baptismal Date \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ Church in (City, State) \_\_\_\_\_

Parish You Are Registered At \_\_\_\_\_

Non-Catholic \_\_\_ Religion \_\_\_\_\_

### Family Information

Father's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birthplace \_\_\_\_\_ Religion \_\_\_\_\_

Father's Cell Number \_\_\_\_\_ Father's Work Number \_\_\_\_\_ Email \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birthplace \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Cell Number \_\_\_\_\_ Mother's Work Number \_\_\_\_\_ Email \_\_\_\_\_

**\*See other side→**

**Enrollment Information (Grades 1 – 8 only)**

Releasing School Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City,State \_\_\_\_\_ Zip Code \_\_\_\_\_

**For Census Purposes Only: (\*Must Be Filled Out)**

Public School District You Reside In \_\_\_\_\_

Ethnic Background \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_ Filipino \_\_\_\_ Korean \_\_\_\_  
\_\_\_\_ Vietnamese \_\_\_\_ Native American/Native Alaskan \_\_\_\_ White \_\_\_\_ Multi-Racial

**Registration Fee: \$30.00 (\*Due at time of application. NON-REFUNDABLE)**

**FOR OFFICE USE ONLY**

Date of Application \_\_\_\_\_ Application Fee Received \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Initials \_\_\_\_\_