



BLESSED SACRAMENT

Where faith and education meet.

3129 James Street
Syracuse, NY 13206
(315) 463-1261

STUDENT INFORMATION

Applying for Grade: _____

Applicant Name (First-Middle-Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Date of Birth: ____/____/____ Place of Birth (City/State or Country) _____

Gender: Male Female Current School: _____

Religious Affiliation: _____ Parish: _____

Applicant lives with:

Both parents Mother Father Guardian(s) Other: _____

Are you or a family member involved in Church ministry (e.g. Lector, Eucharistic Minister, Choir)?

Do you or a family member work for the Diocese of Syracuse?

Please list all siblings:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

PARENT INFORMATION

Mother/Guardian Name: _____ E-mail: _____

Address: _____

Employer: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father/Guardian Name: _____ E-mail: _____

Address: _____

Employer: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

FAMILY AFFILIATION *Please list any family members who attended BSS now or have attended BSS in the past:*

Name _____ Relationship _____ Graduation Year _____

Name _____ Relationship _____ Graduation Year _____

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I/We would be interested in volunteering at:

- Bake Sale (done in conjunction with breakfast 1st Sunday of the month)
- Helping with Spaghetti Supper fundraiser
- Helping with the Eagles Fund Dinner fundraiser

PART 2: APPLICATION QUESTIONS

Parents/Guardians, please answer the following questions. If you need additional space, please attached additional pages. Be sure to include your child's name on subsequent pages. Please type or print.

Why do you seek an education for your child at Blessed Sacrament School? (New or returning)

Signed: _____

Date: _____