

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

STUDENT INFORMATION	Applying for Grade:	School Year:
Applicant Name (First-Middle-Last):		
Street Address:		
		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. Lecto	or, Eucharistic Minister, Choir)?
Please list all siblings:		
Name	Age	School
PARENT INFORMATION		
		E mail:
		E-mail:
		upation:
		Work Phone:
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Father/Guardian Name:		E-mail:
Address:		
		upation:
Home Phone:	Cell Phone:	Work Phone:

Name	Relationship	Graduation Year
Name	Relationship	Graduation Year
Name	Relationship	Graduation Year
Name	Relationship	Graduation Year
I/We would be interested in	volunteering at:	
☐ Bake Sale (done in conjunction v	with breakfast 1st Sunday of the month)	
Helping with Spaghetti Supper fu	undraiser	
☐ Helping with the Eagles Fund Di	inner fundraiser	
PART 2: APPLICATION	Questions	
Parents/Guardians, please	e answer the following questions. If ye	ou need additional space, please attach
additional pages. Be sure t	to include your child's name on subs	equent pages. Please type or print.
hy do you seek an educat	ion for your child at Blessed Sacram	nent School? (New or returning)