

# Blessed Sacrament School

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

## Application for Enrollment - Please Print

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

### Pupil Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
\_\_\_ Male \_\_\_ Female Birthdate \_\_\_/\_\_\_/\_\_\_ Birthplace \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Student lives with: \_\_\_ Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Step-parent \_\_\_ Guardian \_\_\_ Other  
Catholic \_\_\_ Baptismal date \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ Church in (City, State) \_\_\_\_\_  
Non-Catholic \_\_\_ Religion \_\_\_\_\_

### Family Information

Father's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Birthplace \_\_\_\_\_ Religion \_\_\_\_\_  
Father's Occupation \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
Mother's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Birthplace \_\_\_\_\_ Religion \_\_\_\_\_  
Mother's Occupation \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
Parish you are registered in \_\_\_\_\_  
Brothers or sisters currently attending Blessed Sacrament? \_\_\_\_\_, gr. \_\_\_\_\_ Brothers or sisters applying to Blessed Sacrament? \_\_\_\_\_, gr. \_\_\_\_\_

### Enrollment Information (grades 1 - 8 only):

Releasing School Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
\*Birth Certificate, Social Security Card, Updated health record of immunizations, Baptism Certificate, Reconciliation Certificate & First Communion Certificate (if applicable) must be submitted when student is registered

### For census purposes only:

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

### FOR OFFICE USE ONLY

Date of application \_\_\_\_\_ Application fee (\$25 non-refundable) paid \_\_\_\_\_