

BLESSED SACRAMENT SCHOOL

RE-REGISTRATON 2008/2009

PLEASE FILL OUT RE-REGISTRATION FORM FOR EACH CHILD

CHILD'S NAME: _____

GRADE 2008-2009: _____ **SOCIAL SECURITY NO.** _____

FATHER: _____
 Last Name **First Name**

ADDRESS: _____

TELEPHONE: _____
 Home **Work**

MOTHER: _____
 Last Name **First Name**

ADDRESS: _____

TELEPHONE: _____
 Home **Work**

Are you a registered member of Blessed Sacrament Parish? (Circle) Yes No
Envelope number _____
If not, in what Parish is you registered? _____

If your child is not returning to Blessed Sacrament School, please give the reason:

If you have a child who will be five years old by December 1 and qualifies for kindergarten or who will be six years old by December 1 and qualifies for First Grade, please write the name and date of birth below.

NAME: _____ **Date of Birth:** _____

**THIS FORM MUST BE RETURNED AS SOON AS POSSIBLE
REGISTRATION FEE \$200.00 PER CHILD**

N.B.

Parents choosing not to participate in the Fund Raising efforts will need to pay the higher **Tuition Rate.**