



2017-2018

APPLICATION FOR ENROLLMENT

4551 56th St. San Diego 92115 • 619-582-3862 • bsps-sd.org

Student Information

OFFICE USE ONLY

Registration Fee _____

Cash__ Check #_____

Date of Application ____ / ____ / _____

Please carefully complete all information and be sure to include the following items with your application:

- Copy of child(ren)'s birth certificate(s) *required for applicants Grades TK-8*
- Copy of child(ren)'s baptismal certificate(s) *required for applicants Grades TK-8*
- Copy of child(ren)'s immunization record(s) *required for applicants Grades TK-8*
- Copy of First Eucharist certificate(s) *required for applicants Grades 3-8*
- Copy of most recent report card *required for applicants Grades 1-8*
- Copy of any standardized testing scores *required for applicants Grades 2-8*

Student Name(s)

(First and Last)

Grade

(Entering)

Date of Birth

(MM/DD/YYYY)

Baptized Catholic

(YES or NO)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current School Enrollment Information:

(School Name, Address, and Phone)

Parish Family Attends: _____

Student resides with:

(Please mark one)

- Both Parents**
- Mother Only**
- Father Only**
- Other** (Please Specify)



2017-2018

APPLICATION FOR ENROLLMENT

4551 56th St. San Diego 92115 • 619-582-3862 • bsps-sd.org

Parent Information

Parent / Guardian 1

Parent / Guardian 2

Home Address

Home Address

City, State, Zip

City, State, Zip

Best Number to Reach You

Best Number to Reach You

Email for Correspondence

Email for Correspondence

Occupation

Occupation

EMERGENCY CONTACT(S):

Name: _____ Phone: () _____ Relation: _____

Name: _____ Phone: () _____ Relation: _____

Name: _____ Phone: () _____ Relation: _____

Name of Family Physician: _____ Phone: () _____

I authorize the school to provide medical service
for my child/children, in an emergency. Parent/Guardian initials: _____

THE ADULTS LISTED ARE AUTHORIZED TO PROVIDE TRANSPORTATION TO/FROM BSPTS:

Name: _____ Phone: () _____ Relation: _____

Name: _____ Phone: () _____ Relation: _____

Name: _____ Phone: () _____ Relation: _____

OFFICE USE ONLY

*Please do not mark in
this box.*

- Birth Cert
- Bapt Cert
- Immun
- R/C
- Report Card
- Test Scores