BLESSED SACRAMENT SCHOOL

INSPIRING LEARNERS IN THE JESUIT TRADITION SINCE 1915

"Boys and Girls for Others in the Jesuit Tradition"

Blessed Sacrament School
2020-2021
Registration Packet

SIBLING PACKET:

This packet is solely for siblings. Only one registration packet is needed per family, additional copies of documents that are needed per student can be found in this packet.

6641 Sunset Boulevard, Los Angeles, California 90028 Tel.no. (323) 467-4177

BLESSED SACRAMENT SCHOOL

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First Day of School Requirements
School Year 2020-2021

IMPORTANT NOTICE for PARENTS AND/OR GUARDIANS

The following items are a list of documents that the school requires before any child can attend school. Students will not be allowed to attend until all of these documents are received by the Blessed Sacrament School office.

Family Last Name_____

- ☐ Completed and signed (all pages that required signature) Enrollment / Re- Enrollment Application
- ☐ Registration Fee – Early Bird Registration or $340 after June 12th
  - Paid Before April 30th $300 per student
  - Paid Before May 22nd $310 per student
  - Paid Before June 12th $330 per student
- ☐ Birth Certificate (Copy of original) if not on file
- ☐ Current Immunization Record (for each student in the family)
  - Immunizations can change annually depending upon the child's age and grade level. Although Blessed Sacrament School will make every reasonable effort to notify parents of any missing records or documents as far in advance as possible, it is the parent' responsibility to ensure that their child/ren receive the appropriate immunizations timely and that the proper records and documentation are supplied to the school **prior to the start of school.**

Parents Acknowledge of First day of School Requirements:

By signing below, I hereby acknowledge that I have read the list of required documents and will ensure the Blessed Sacrament School has receipt of these documents prior to the first day of school, August 19, 2020, for my child/ren. I understand that my child/ren may not be allowed to start school until Blessed Sacrament receives the appropriate records.

Parent/Guardian: _____

Date: _____

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Primer día de requisitos escolares
Año escolar 2020-2021

AVISO IMPORTANTE para PADRES

Los siguientes elementos son una lista de documentos que la escuela requiere antes de que cualquier niño pueda asistir a la escuela. Los estudiantes no podrán asistir hasta que la oficina de la Escuela Blessed Sacrament reciba todos estos documentos.

Apellido de la familia _____

- ☐ Solicitud de inscripción / reinscripción completada y firmada (todas las páginas que requieren firma)
- ☐ Cuota de inscripción - Inscripción anticipada o $ 340 después del 12 de junio
  - Pagado antes del 30 de abril $ 300 por estudiante
  - Pagado antes del 22 de mayo $ 310 por estudiante
  - Pagado antes del 12 de junio $ 330 por estudiante
- ☐ Certificado de nacimiento (copia del original) si no está en el archivo
- ☐ Registro de vacunación actual (para cada estudiante de la familia)

- o Las vacunas pueden cambiar anualmente según la edad y el nivel de grado del niño. Aunque Blessed Sacrament School hará todos los esfuerzos razonables para notificar a los padres de cualquier registro o documento que falte con la mayor anticipación posible, es responsabilidad de los padres asegurarse de que sus hijos reciban las vacunas apropiadas a tiempo y que los registros y la documentación adecuados se entregan a la escuela antes del comienzo de la escuela.

Los padres reconocen los requisitos del primer día de clases:

By signing below, I hereby acknowledge that I have read the list of required documents and will ensure the Blessed Sacrament School has receipt of these documents prior to the first day of school, August 19, 2020 for my child/ren. I understand that my child/ren may not be allowed to start school until Blessed Sacrament receives the appropriate records.

Firma: _____

Fecha: _____

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Application for Admission

Grade applying for: _____

Grade(s) of siblings already at BSS_____

__Birth Certificate
__Baptism Certificate
__Social Security Card
__Immunization Records
__Custody Agreement (If Applicable)
__ Most Recent Report Card and Test Scores
__1st Communion Certificate
__ Proof of T-Dap Immunization

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Gender M___ F___ Date of Birth_____ Place of Birth_____

Ethnicity: _____ Religion: _____ Parish of Attendance: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone Number: _____

Last School Attended: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone Number: _____

FAMILY INFORMATION

FATHER

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Place of Birth: _____ Occupation: _____

Cell Phone: _____ Work Phone: _____ Email: _____

MOTHER

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Place of Birth: _____ Occupation: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Please Make Sure to Fill Out All The Required Information. Thank You.

BLESSED SACRAMENT SCHOOL

INSPIRING LEARNERS IN THE JESUIT TRADITION SINCE 1915

Application for Admission

Grado Solicitando: _____

Grado(s) de hermanos ya en BSS_____

__Certificado de Nacimiento
__Certificado de Bautismo
__Tarjeta de Seguro Social
__Registro de Vacunas
__Acuerdo de Custodia
__ Mas Recientes Calificaciones y Resultados de Examenes
__Certificado de Primera Communion
__ Prueba de T-Dap (Séptimo grado)

INFORMACIÓN DEL ESTUDIANTE

Apellido: _____ Nombre: _____ Medio: _____

Género M___ F___ Fecha de Nacimiento_____ Lugar de Nacimiento_____

Etnicidad: _____ Religión: _____ Parroquia de Asistencia: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Numero de Telefono: _____

Ultima Escuela que Asistio: _____

Dirección del Escuela: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Numero de Telefono: _____

INFORMACIÓN FAMILIAR

PADRE

Apellido: _____ Nombre: _____ Medio: _____

Fecha de Nacimiento: _____ Lugar de Nacimiento: _____ Ocupación: _____

Teléfono Móvil: _____ Telefono de Trabajo: _____ Correo Electronico: _____

MADRE

Apellido: _____ Nombre: _____ Medio: _____

Fecha de Nacimiento: _____ Lugar de Nacimiento: _____ Ocupación: _____

Teléfono Móvil: _____ Telefono de Trabajo: _____ Correo Electronico: _____

Asegúrese de completar toda la información requerida. Gracias.

PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR
(NONCOMMERCIAL)

This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity ("Location"):

Name of Location: Blessed Sacrament School

The Location intends to use your child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

Description of events/activities to which this Release applies:
Any activities offered by the school or Parish.

Duration of Release: As long as the student is attending Blessed Sacrament School

This section to be completed by Parent/Guardian:

I, _____ am the parent/guardian of _____, a minor.

I hereby authorize the Location to use the following personal information about my child:
(Please initial the applicable boxes)

Image: ☐yes ☐no **Voice**: ☐yes ☐no **Name:** ☐yes ☐no **Work**: ☐yes ☐no

I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.

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I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: _____ Date: _____

Print Name: _____ Relationship to Child: _____

Address: _____

Telephone: _____ Cellphone: _____

Email: _____

Name of Child: _____ Age: _____

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Medical Questionnaire

Please answer the following questions.

Student's Name: _____ Grade: _____

Does your child have any allergies or medical conditions? YES __ NO __

If yes, what is your child allergic to?

_____

_____

Your child's allergic reaction is: _____

Medications your child could take in case of an allergic reaction: _____

_____

What is your child's medical condition? _____

_____

What medication does your child need for their condition? _____

_____

Is your child required to take medication during the school day? YES__ NO __

Other medical conditions our administration should be aware of: _____

_____

Please be aware that if a student needs any type of medication during school hours, parents must fill out a form granting the school permission to medicate the child. Thank you.

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Cuestionario Medico

Por favor, conteste a las siguientes preguntas.

Nombre de Estudiante: _____ Grado: _____

¿Tiene su hijo alguna alergia o afección médica? SI __ NO __

En caso que si, ¿a qué es alérgico su hijo?_____

_____

La reacción alérgica de su hijo es:_____

Medicamentos que su hijo podría tomar en caso de una reacción alérgica:

_____

¿Cuál es la condición médica de su hijo?_____

_____

¿Qué medicamento necesita su hijo para su condición? _____

_____

¿Se requiere que su hijo tome medicamentos durante el día escolar? SI__ NO __

Otras condiciones médicas que nuestra administración debe tener en cuenta:

_____

Tenga en cuenta que si un estudiante necesita algún tipo de medicamento durante el horario escolar, los padres deben completar un formulario que otorgue el permiso de la escuela para medicar al niño. Gracias.

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GRADELINK

The Primary Contact Number will be used to call you every time we send a Gradelink call, regardless of the urgency of the message.

The Secondary Number will be called at the same time as the Primary Number on calls where the message we are sending is of a more urgent or time sensitive nature to ensure that we get the call to you as soon as possible.

Please consider these numbers carefully and make an effort to keep us informed should any of these contacts change.

CHILD 1 Last Name: _____ First Name: _____

Primary Contact Number: _____

Secondary Contact Number: _____

Email: _____

Check here if contact information for additional students are the same as CHILD 1. _____

CHILD 2 Last Name: _____ First Name: _____

Primary Contact Number: _____

Secondary Contact Number: _____

Email: _____

CHILD 3 Last Name: _____ First Name: _____

Primary Contact Number: _____

Secondary Contact Number: _____

Email: _____

CHILD 4 Last Name: _____ First Name: _____

Primary Contact Number: _____

Secondary Contact Number: _____

Email: _____

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GRADELINK

El número de contacto principal se usará para llamarle cada vez que enviemos una llamada de Gradelink, independientemente de la urgencia del mensaje.

El número secundario se llamará al mismo tiempo que el número primario en las llamadas en las que el mensaje que enviamos sea de carácter más urgente o sensible al tiempo para garantizar que recibamos la llamada lo antes posible.

Considere estos números cuidadosamente y haga un esfuerzo para mantenernos informados en caso de que alguno de estos contactos cambie.

HIJO/A 1 Apellido: _____ Nombre: _____

Numero de Contacto Principal: _____

Numero de Contacto Secundario: _____

Correo Electonico: _____

Marque aquí si la información de contacto para estudiantes adicionales es la misma que HIJO/A 1. _____

HIJO/A 2 Apellido: _____ Nombre: _____

Numero de Contacto Principal: _____

Numero de Contacto Secundario: _____

Correo Electonico: _____

HIJO/A 3 Apellido: _____ Nombre: _____

Numero de Contacto Principal: _____

Numero de Contacto Secundario: _____

Correo Electonico: _____

HIJO/A 4 Apellido: _____ Nombre: _____

Numero de Contacto Principal: _____

Numero de Contacto Secundario: _____

Correo Electonico: _____

STUDENT EMERGENCY CONTACT CARD
Emergency Contacts/Medical Consent

In case of an emergency, it is imperative that the school be able to reach the student's parent or guardian. Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly and legibly. *En caso de emergencia es esencial que la escuela pueda contactar a los padres o tutores legales del estudiante. Por favor llenar la información en los dos lados de esta tarjeta con cuidado y exactitud. Favor de usar tinta y de escribir claramente y legible.*

STUDENT _____ Male/Masculino_____ Female/Femenino _____ Grade/Grado:_____

Last Name/Apellido First/Primer Nombre Middle/Segundo Nombre

_____ Birthdate/Fecha de Nacimiento _____ Birth Place/Lugar de Nacimiento_____

Home Address / Dirección de Residencia City/ Ciudad Zip / Código Postal

_____ Lives with/Vive con: *Both Parents/Ambos Padres Mother/Madre Father/Padre Legal Guardian/Tutor*

Mailing Address/Dirección de Correo City/ Ciudad Zip / Código Postal

MOTHER/GUARDIAN _____ | _____ | _____

Last Name/Apellido First/Primer Nombre E-mail/Correo Electronico Employer/Empleador

_____ | _____ | _____ | _____

Home Address, If different from above City/ Ciudad Zip / Código Postal Cell Phone/Tel. Celular Home Phone/ Tel. Casa Work Phone/Tel. Trabajo

FATHER/GUARDIAN _____ | _____ | _____

Last Name/Apellido First/Primer Nombre E-mail/Correo Electronico Employer/Empleador

_____ | _____ | _____ | _____

Home Address, If different from above City/ Ciudad Zip / Código Postal Cell Phone/Tel. Celular Home Phone/ Tel. Casa Work Phone/Tel. Trabajo

Are there any COURT-MANDATED custody/visitation orders limiting access to this student? YES NO **If Yes, please attach LEGAL ORDER.**

¿Hay alguna orden de custodia impuesta judicialmente ó de visita que limita el acceso a este estudiante?

Other children at home/*Otros niños en casa*: _____ / _____ / _____ _____ / _____ / _____

Name Grade School Name Grade School

Language spoken at home/ Lenguaje que se habla en casa: 1._____ 2. _____

AUTHORIZED CONTACTS Please list the names of relatives/neighbors/friends in close proximity to the school whom we may release your child or contact if you cannot be reached. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS OR ADULTS LISTED ON THIS CARD. In selecting someone to whom you authorize the release of your child, consider: (a) Would your child feel safe and comfortable with this person and family? (b) Could this person care for your child for several days? (c) Is this person prepared to handle any special medical needs required by your child? ***Contactos autorizados Por favor escriba los nombres de familiares / amigos / vecinos en las proximidades de la escuela el cual podríamos liberar a su hijo o el contacto si no puede ser localizado. Ningún estudiante será entregada a cualquier persona distinta a los padres, tutores o adultos cuyos nombres están en esta tarjeta. En la selección de una persona a quien usted autoriza la liberación de su hijo, tenga en cuenta: (a) ¿Su niño se sienta seguro y cómodo con esta persona y la familia? (B) ¿Podría cuidar a esta persona para su hijo durante varios días? (C) ¿Es esta persona preparada para manejar las necesidades médicas especiales requeridas por su hijo?***

I/we hereby authorize the release of the student named above to the following persons in the event of illness, injury, evacuation or emergency that may occur while students are in school.

Name	Relationship	Cell Phone	Home or Work Phone
Out-of-state contact:			

I declare that the information on this form is true and correct. I will notify the school office immediately of any charges to be made in the foregoing information.

Parent/Guardian Signature _____ Date _____ Relationship _____

HEALTH INSURANCE / ASEGURANZA MEDICA Carrier Name & Address:

Group Number / Numero de Grupo: _____ Subscriber Number / Numero de subscripción _____

Doctor's Name/ Nombre del Doctor: _____ Phone/Teléfono: _____ Address/Dirección _____

Dentist's Name/Nombre del Dentista: _____ Phone/Teléfono: _____ Address/Dirección _____

MEDICAL ALERT/ALERTA MEDICA: Conditions requiring special emergency care/*Condiciones que requieren cuidado de emergencia especiales.*

Asthma/Allergies _____ Health Problem/Problemas de Salud _____ Medication/Medicamentos _____

History of seizures/Historia de ataques: Yes/Si No (circle) Student's Medical #: _____

EARTHQUAKE-DISASTER RELEASE INFROMATION // INFORMACION DE EMERGENCIA Y TERREMOTO

To be completed for each student by school official in the event of an earthquake or disaster

A ser compleatada para cada alumno por un official escolar en el evento de un terremoto o desastre

Student's Name / Nombre del alumno: _____

Was released to/ se le entrego a: _____ Date/Fecha: _____ Time/Hora: _____

Location to where the child was taken/lugar a donde se llevó al alumno: _____

School oficial releasing the child/Oficial escolar que entregó al alumno: _____

CONSENT/ACUERDO

I understand that the School does not assume responsibility for payment of physician. However, in an emergency the school may choose a physician. In an emergency I give the school permission to have my child receive medical treatment.

Entiendo que la escuela no asume responsabilidad por pago a doctores. Sin embargo, en caso de emergencia la escuela puede elegir un doctor. En caso de emergencia le doy autorización para que mi hijo/a reciba tratamiento médico.

Signature of/Firma de

_____ _____ _____

Parent/Guardian Date Parent/Guardian