

Blessed Sacrament School
830 Delafield Avenue
Staten Island, New York 10310

Dear Parents,

Please fill out this form and send it in with your child on the first day of school in September. We need this so that we have a record of how your child will go home daily. Of course, if there is ever a change, please send in a written note, send an email or call school.

Thank you,
Mrs. Ceci & Ms. Scallo

Child's Name _____

Class 3- _____

My child will go home every day:

_____ car rider dismissed from front doors

_____ Afterschool

_____ Bus # _____

Parent's Signature _____

Blessed Sacrament School
3rd Grade Student Information Sheet

Student's Name _____

Address _____ **SI, NY 103**_____

Home Phone _____

Birthday _____

Mother's Name _____ **Cell Phone #** _____

Email Address _____ **Signature** _____

Father's Name _____ **Cell Phone #** _____

Email Address _____ **Signature** _____

Please circle the how you would like to communicate:

Email

Letter

Phone Call

Please circle the Sacraments your child has received:

Baptism

Reconciliation

Eucharist

Please provide any allergies that your child may have:

Please provide any additional information that you feel is important for me to know about your child.
