

St. Patrick SUCCEED Academy
5945 Franklin Blvd.
Sacramento, CA 95824

ENROLLMENT APPLICATION

2010-2011 SCHOOL YEAR

Student Name: _____ Grade: _____ Birthdate: _____
(Last) (First) (Middle)

Address: _____
(Street) (City, State) (Zip)

Phone: _____ Birthplace: _____ Religion: _____

Parish: _____ Registered: yes _____ no _____ Referred by: St. Patrick School

Baptized	First Communion	Reconciliation	Confirmation
Date: _____			
Church: _____			
City, State: _____			

Last School Attended: St. Patrick School Grade: _____

Address: 5945 Franklin Blvd Sacramento, CA Phone: _____
(Street) (City, State) (Zip)

Father's Name: _____ Religion: _____

Occupation: _____ Business Phone: _____ Hm. Phone: _____

Mother's Name: _____ Religion: _____

Occupation: _____ Business Phone: _____ Hm. Phone: _____

Student Living With: (please check) Both Parents _____ Mother _____ Father _____ Other _____

Signature: _____

Application Fee of \$25 due at time of application WAIVED

Required Documents received: Copy Official Birth Cert. X Health Records X Baptismal Cert. X Copy Last Report Card X

For Office Use Only: Tested _____ Accepted X Entered _____ Application Fee PAID: WAIVED