

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: _____ **John Paul II School** _____

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

Last School Attended: _____ **John Paul II School** _____ Grade: _____

Address: _____ 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 _____ Entered _____ Application Fee PAID: **_WAIVED_**