

**SACRED HEART PARISH SCHOOL**

856 – 39<sup>th</sup> STREET, SACRAMENTO, CA. 95816

**PHONE:** (916) 456-1576 **FAX:** (916) 456-4773 **WEBSITE:** www.sacredheartschool.net

**APPLICATION FOR ENROLLMENT**

<b>STUDENT INFORMATION</b>	<b>STUDENT NAME (LAST, FIRST, MIDDLE)</b>	<b>STUDENT SS#</b>	<b>DATE</b>	<b>GRADE IN AUG/SEPT.</b>	<b>YEAR</b>
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<b>DATE OF BIRTH</b>	<b>MO.</b>	<b>DAY</b>	<b>YEAR</b>	<b>VERIFICATION (office use only)</b>	<b>BIRTHPLACE - CITY</b>	<b>STATE OR COUNTRY</b>
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<b>STREET ADDRESS</b>	<b>CITY</b>	<b>ZIP</b>	<b>TELEPHONE</b>	<b>PARISH YOU ATTEND &amp; SUPPORT</b>

<b>SCHOOL NOW ATTENDING:</b>	<b>NAME</b>	<b>ADDRESS</b>
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<b>PARENT INFORMATION</b>	<b>FATHER</b>	<b>MOTHER (MAIDEN NAME)</b>	<b>GUARDIAN</b>
<b>FULL NAME</b>			
<b>SOCIAL SECURITY NUMBER</b>			
<b>PLACE OF BIRTH</b>			
<b>RELIGION</b>			
<b>OCCUPATION/WORK PHONE #</b>			
<b>HOME CONDITION (Please √ One)</b>	<input type="checkbox"/> Parents Married <input type="checkbox"/> Parents Separated <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Parent Deceased		

**REFERRED BY or ALUMNI NAME/RELATIONSHIP** \_\_\_\_\_ **EXTENSION PROGRAM DESIRED:**    **YES** **NO**

<b>STUDENT SACRAMENTS</b>	<b>BAPTISM</b>	<b>EUCCHARIST</b>	<b>RECONCILIATION</b>	<b>CONFIRMATION</b>
<b>DATE RECEIVED</b>				
<b>CHURCH</b>				
<b>CITY/STATE</b>				
<b>VERIFIED BY (office)</b>				

**OFFICE USE ONLY**

REPORT CARD [ ]    VACCINATION RECORD [ ]    COMPLETE [ ]    TEST DATE: \_\_\_\_\_    FEE: \_\_\_\_\_

NEW FAMILY: YES    NO    SIBLINGS: \_\_\_\_\_    READING SCORE: \_\_\_\_\_    MATH SCORE: \_\_\_\_\_    ACCEPTED: \_\_\_\_\_    W/L: \_\_\_\_\_

**TO COMPLETE THE APPLICATION PROCESS YOU MUST ATTACH A COPY OF THE FOLLOWING DOCUMENTS TO THIS APPLICATION: BIRTH CERTIFICATE, BAPTISM CERTIFICATE, CURRENT VACCINATION RECORD, COPY OF CURRENT YEAR AND PREVIOUS YEAR'S REPORT CARDS AND STANDARDIZED TEST SCORES.**