

**SAINT PHILIP PREPARATORY SCHOOL
REGISTRATION FOR THE SCHOOL YEAR 2020-2021**

OFFICE INFO.
AMOUNT PD: _____
RECEIPT #: _____
OFFICE INITIALS _____

DATE: _____

Grade Entering in Sept. _____

CHILD/REN INFORMATION

FAMILY NAME CHILD'S LAST NAME FIRST NAME

DATE OF BIRTH _____ PLACE OF BIRTH _____
COUNTRY/STATE/CITY

SCHOOL LAST ATTENDED _____ CITY/STATE _____
(Circle one in each category)

SEX: Male or Female CHILD'S RELIGION: CATHOLIC OR NON-CATHOLIC

ST. PHILIP THE APOSTLE PARISHIONER: (circle) yes no NAME OF YOUR PARISH: _____

On-Line Giving Application Completed: _____ yes _____ no

U.S. CITIZEN: YES or NO GREEN CARD: YES or NO ETHNIC BACKGROUND: BLACK or HISPANIC or ASIAN or PACIFIC ISLANDER

Indicate two (2) EMERGENCY Resources to call should your child become ill.

EMERGENCY PHONE NUMBER: _____ EMERGENCY PHONE NUMBER: _____

NAME OF PERSON TO CONTACT FOR EMERGENCY: _____ NAME OF PERSON TO CONTACT FOR EMERGENCY: _____

RELATION TO STUDENT: _____ RELATION TO STUDENT: _____

SACRAMENTS RECEIVED BY YOUR CHILD:

BAPTISM: Yes _____ No _____

DATE: _____ CHURCH: _____ CITY/STATE/COUNTRY: _____

PENANCE: Yes _____ No _____

DATE: _____ CHURCH: _____ CITY/STATE/COUNTRY: _____

FIRST COMMUNION: Yes _____ No _____

DATE: _____ CHURCH: _____ CITY/STATE/COUNTRY: _____

FAMILY INFORMATION:

MR. AND MRS. _____

STREET: _____

CITY: _____ ZIP: _____

HOME TELEPHONE: _____

* *Email Address (mandatory)*: _____

**REGISTRATION AND ACADEMIC FEES
ARE NON-REFUNDABLE**

NAME OF CHURCH FAMILY ATTENDS: _____

Specify: _____ Address: _____

LANGUAGE SPOKEN AT HOME: ENGLISH or SPANISH or OTHER if "OTHER" specify _____

Has your child ever been evaluated by the Child Study Team? Yes _____ No _____

Does your child currently have an IEP or an ISP? Yes _____ No _____

Has your child ever been retained? Yes _____ No _____

BROTHERS AND SISTERS ALREADY IN OUR SCHOOL

<u>NAME</u>	<u>GRADE FOR COMING YEAR</u>
1. _____	_____
2. _____	_____
3. _____	_____

FATHER

Father's Last Name _____ First _____ Place of Birth: _____
Country/State/City

(Circle one in each category)

U.S. CITIZEN: YES or NO

ETHNIC BACKGROUND: BLACK or HISPANIC or ASIAN or PACIFIC ISLANDER or NATIVE AMERICAN or WHITE or OTHER

RELIGION: CATHOLIC or NON-CATHOLIC

MARTIAL STATUS: SINGLE or MARRIED or REMARRIED or DIVORCED or SEPARATED

OCCUPATION: _____ PLACE OF WORK (COMPANY) _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____ CELL: _____

E-MAIL: _____

MOTHER

Mother's Last Name _____ First _____ Place of Birth: _____

(Circle one in each category)

U.S. CITIZEN: YES or NO

ETHNIC BACKGROUND: BLACK or HISPANIC or ASIAN or PACIFIC ISLANDER or NATIVE AMERICAN or WHITE or OTHER

RELIGION: CATHOLIC or NON-CATHOLIC

MARTIAL STATUS: SINGLE or MARRIED or REMARRIED or DIVORCED or SEPARATED

OCCUPATION: _____ PLACE OF WORK (COMPANY) _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____ CELL: _____

E-MAIL: _____