

# ST. PHILIP CATHOLIC SCHOOL ENROLLMENT FORM 20-21

FAMILY  
LAST NAME: \_\_\_\_\_

HOME  
PARISH: \_\_\_\_\_

Family enrollment fee of \$150 & this form are DUE to the school office by 2/21/20 to start enrollment.

## STUDENT INFORMATION:

FIRST NAME & MIDDLE NAME	DOB	SEX	GRADE	RELIGIOUS AFFILIATION: <i>Catholic or Non-Catholic</i>
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____

## ETHNICITY

Hispanic       Non-Hispanic

## RACE:

Multi-Racial       White/Caucasian  
 Asian       American Indian  
 Black/African American

## STUDENT ADDRESS / CUSTODIAL PARENT INFORMATION

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Public School District:     Mt Vernon     North Posey     EVSC

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Mother's E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Father's E-mail: \_\_\_\_\_

Are parents living together?     YES     NO      Who is the custodial parent?     MOM     DAD     BOTH

## NON-CUSTODIAL PARENT INFORMATION

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

## IMMUNIZATIONS / PHYSICAL REQUIREMENT

- ◆ Immunizations & a county issued Birth Certificate are required to be on file in the school office for **ALL NEW STUDENTS** by first week of school.
  - ◆ Updated immunization records are required to be on file in the school office for all students in **KINDERGARTEN and 6th GRADE**
- ◆ Current physicals are **REQUIRED** for any **STUDENT ATHLETE (3rd-8th grade)** to participate in any sanctioned sport at St Philip Catholic School.