

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:

ETHNICITY

FIRST NAME & MIDDLE NAME

DOB

SEX

GRADE

RELIGIOUS AFFILIATION:
Catholic or Non-Catholic

Hispanic Non-Hispanic

RACE:

Multi-Racial White/Caucasian

Asian American Indian

Black/African American

1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____

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.