

# School of St. Philip Student Enrollment Form

**Student's full legal Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Grade Registering for:** \_\_\_\_\_  
(First, Middle, Last) (Month, Day, Year)

Birth Place  
(City, State, County) \_\_\_\_\_

Gender (M/F) \_\_\_\_\_

Registration Date: \_\_\_\_\_

Resident District: \_\_\_\_\_

Siblings: (Names, ages, grades) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

School most recently attended by student:  
School Name and District Number  
\_\_\_\_\_

City, State \_\_\_\_\_

Last Date Attended \_\_\_\_\_

Last Grade Completed \_\_\_\_\_

Has this student ever been enrolled in a MN  
School? If YES, under what name: YES NO  
\_\_\_\_\_

Has this student been receiving any Special  
Services? \_\_\_\_\_

**Religion Preference and church you attend:**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Child: \_\_\_\_\_

**Student lives with: (circle one)**

1. Both Parents 2. Mother 3. Father 4. Guardian 5. Mother/ Stepfather 6. Father/ Stepmother 7. Foster Parent 8. Other

**Primary Contact – Parent(s) / Legal Guardian**

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Relation _____ Name: _____ Address: _____ City, State, Zip _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____ Include in Mailings: _____ Reports _____	Relation _____ Name: _____ Address: _____ City, State, Zip _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____ Include in Mailings: _____ Reports _____
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**Please return this form to the School Office**

Signature of Person \_\_\_\_\_ Relationship to student \_\_\_\_\_ Date \_\_\_\_\_