

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