



Saint Philip the Apostle School
415-824-8467

665 Elizabeth Street
(Fax) 415-282-0121

San Francisco, CA 94114
www.saintphilipschool.org

Application for Admission

PLEASE PRINT CLEARLY

Application for School Year: _____

Student's Information

Application for Grade: _____ Child's Last Name: _____

First Name: _____ Middle Name: _____

(Parent #1) (Parent #2)
Father's Last Name: _____ Mother's Last Name: _____

Student Address: _____
(Street Address)

(City) (Zip Code) Home phone: _____
(Please include area code.)

Gender: F M Date of Birth: _____ Place of Birth: _____
U. S. Citizen Yes No

Child's Religion: _____

Are you registered parishioners of St. Philip's Parish? Yes No
(If yes, please write down your parish envelope # _____.)

Date of Baptism and Church & City: _____

Date of first Communion and Church: _____

Student is: Hispanic Non-Hispanic

Ethnicity of Child (Please check): African American Caucasian Chinese Filipino
Japanese Korean Multi-Racial Other Asian

Previous school(s) attended or Pre-School(s)

Name of School	School Address	Dates Attended

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For office use only

Baptismal certificate _____	Birth Certificate _____	Application Fee received _____
Testing Date _____	Interview Yes <u> </u> No <u> </u>	Medical Records _____
Registration Fee Received _____	Report Card (if applicable) _____	Previous School Records (if applicable) _____

Father's Information (Parent #1)

Last Name: _____ First _____

Address, if different from child:

Street Address_____
City_____
State_____
(Zip)

Contact Information (include area code) Home: _____ Work: _____

Cell: _____ E-Mail: _____

Mother's Information (Parent #2)

Last Name: _____ First _____

Address, if different from child:

Street Address_____
City_____
State_____
(Zip)

Contact Information (include area code) Home: _____ Work: _____

Cell: _____ E-Mail: _____

Guardian's Information

Last Name: _____ First _____

Address, if different from child:

Street Address_____
City_____
State_____
(Zip)

Contact Information (include area code) Home: _____ Work: _____

Cell: _____ E-Mail: _____

With whom does the child live?

- Both parents
 Mother only
 Father only
 Parent & Step-Parent
 Guardian

If divorced or separated, who has custody?

- Mother
 Father
 Joint Custody

*A copy of custody section of divorce or separation decree
must be filed with school office at time of registration.*

Siblings at St. Philip the Apostle School

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Is either parent of student applicant an alumnus? _____ Yes _____ No

(If yes, please indicate year graduated _____ and name at time of graduation: _____)

Is there any additional information about your child that you would like to include with this application?

Can you please tell us how you heard about St. Philip the Apostle School?

- Direct Referral from: _____
- Newspaper Ad
- At Saint Philip Festival Booth
- I live in the neighborhood
- Existing family or school student _____
- Online Research
- Preschool _____
- Other _____

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Please note: This is an application and not a registration form. This application does not entail any obligation for registration on the part of St. Philip the Apostle School.