



St. Philip School

Committed to Academic Excellence & Catholic Values

52 W. Crafton Avenue • Crafton, PA 15205 • 412-928-2742, Ext. 4

www.spsangelway.org

New Student Enrollment Application / Grades K-8

(Please print legibly)

Today's Date _____

Circle Desired Grade: (Students enrolling in Kindergarten must be 5 years of age by Sept. 1 of the enrollment year)

Morning Kindergarten

Full Day Kindergarten

Grade 1

Grade 2

Grade 3

Grade 4

Grade 5

Grade 6

Grade 7

Grade 8

Child's Last Name _____

First Name _____

Middle Name _____

Address: _____

City, State, Zip _____

Religious Affiliation _____

Parish _____

School District _____

Child's Birth & Sacramental History (write in N/A where not applicable)

Child's Date of Birth _____

Sex: ____ Male

____ Female

Child's Birth Certificate No. _____

City and State of Child's Birth _____

Child's Baptism Date _____

Name and city/state of Church where baptized _____

Child's First Holy Communion Date _____

Name and city/state of Church where First Communion received _____

Child's Confirmation Date _____

Name and city/state of Church where Confirmation received _____

-Continued-

What is the enrolling child's race? (Check all that apply)

- African American _____
- American Indian or Native Alaskan _____
- Asian _____
- White _____
- Native Hawaiian/Pacific Islander _____
- Other _____

What is the enrolling child's ethnicity?

- Hispanic or Latino _____
- Non-Hispanic or Latino _____

Parent/Guardian Information:

Mother/Guardian Full Name _____

Mother/Guardian Religious Affiliation _____ Parish _____

Mother/Guardian Home Address _____

Mother/Guardian Work Address _____

Work Phone _____ Home Phone _____

Cell Phone _____ Email _____

Father/Guardian Full Name _____

Father/Guardian Religious Affiliation _____ Parish _____

Father/Guardian Home Address _____

Father/Guardian Work Address _____

Work Phone _____ Home Phone _____

Cell Phone _____ Email _____

Please identify an emergency contact OTHER THAN parents / guardians listed above:

First & Last Name: _____

Relationship to child: _____ Preferred Phone # _____

First & Last Name of Person(s) authorized to pick up your child from school:

Does your child have allergies? _____ Yes _____ No If yes, please specify _____

Is your child enrolled in DART? _____ Yes _____ No

Does your child have an IEP (Individualized Education Program)? _____ Yes _____ No

The following documents must be included with this completed form:

- Copy of child's birth certificate (**Students enrolling in Kindergarten must be age 5 by Sept. 1 of enrollment year.**)
- Recent report cards and achievement test scores (**for transfer students entering Grades 1-8**)
- Copy of child's baptismal certificate, even if baptized at St. Philip Church
- Copy of immunization record as complete up to the day of registration
- Completed St. Philip School Health History Form
- Signed Pittsburgh Diocese Catholic School Parents Memorandum of Understanding
- Completed School Physical Examination Form
- Completed Dental Examination Form
- A \$50 non-refundable and non-transferrable registration fee