



# ST. PHILIP'S SCHOOL OF SAN FRANCISCO

FAITH • ACADEMICS • COMMUNITY • ENRICHMENT

## Application for Admission

Application for School Year: \_\_\_\_\_

Application for Grade: \_\_\_\_\_

### Student Information

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Parent #1 Last Name: \_\_\_\_\_ Parent #2 Last  
Name: \_\_\_\_\_

Student Address: \_\_\_\_\_  
(Street Address)

(City)

(Zip Code)

Phone Number: \_\_\_\_\_

Gender: (M)\_\_\_ (F)\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

US Citizen: (Yes)\_\_\_ (No)\_\_\_ Child's Religion: \_\_\_\_\_

Are you registered Parishioners of St. Philip's Parish? (Yes)\_\_\_ (No)\_\_\_  
(If yes please note your Parish envelope number \_\_\_\_\_)

Date of Baptism, Church and City: \_\_\_\_\_

Date of Communion, Church and City: \_\_\_\_\_

Ethnicity of Child (please check):  African American  Caucasian  Chinese  
 Filipino  Japanese  Korean  Multi-racial  
 Other Asian  Hispanic

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

Name of School	Address	Dates Attended
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## Parent #1 Information

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address if difference from child:

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Parent #2 Information

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address if difference from child:

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Legal Gardian Information

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address if difference from child:

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_



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## Siblings at St. Philip's School San Francisco

\_\_\_\_\_  
Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Name

\_\_\_\_\_  
Grade

Is either parent of the student applicant an alumnus? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes please indicate year graduated: \_\_\_\_\_ Name at time of graduation: \_\_\_\_\_

## About Your Child

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## How did you hear about St. Philip's School San Francisco?

- Direct referral from: \_\_\_\_\_  
 Existing Family/school student: \_\_\_\_\_  
 Social Media  
 Online Research  
 Pre-School  
 Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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**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's School San Francisco.

**For office use only**

Application fee received: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

Baptismal Certificate: \_\_\_\_\_

Testing Date: \_\_\_\_\_

Medical Records: \_\_\_\_\_

Interview: Yes \_\_\_\_\_ No \_\_\_\_\_

Thank you for applying to St. Philip's School of San Francisco. Please email your application to: [info@saintphilipschool.org](mailto:info@saintphilipschool.org)

If you have any questions about the application process please visit our website [saintphilipschool.org](http://saintphilipschool.org) or please do not hesitate to reach out of us on Tel: [\(415\) 824-8467](tel:(415)824-8467)