



1600 Pennsylvania Avenue, Dallas, Texas 75215  
Phone (214) 421-5221 Fax (214) 428-5371  
www.stphilips1600.org

## APPLICATION FOR ADMISSION

Date of Application \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Applicant's Full Legal Name \_\_\_\_\_ Male / Female  
**Last - First - Middle** **Preferred Nickname** **(circle one)**

Country of Citizenship \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
**(mm/dd/yyyy)**

Applicant's Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Alternate Phone \_\_\_\_\_

Applicant's Present School \_\_\_\_\_ School Address \_\_\_\_\_

School Telephone Number \_\_\_\_\_ Years attended \_\_\_\_ Contact at Present School \_\_\_\_\_

**Please provide information on other schools your child has attended:**

Name of School \_\_\_\_\_ Grades Attended \_\_\_\_\_

Telephone \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name of School \_\_\_\_\_ Grades Attended \_\_\_\_\_

Telephone \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Has the applicant ever been retained? Yes \_\_\_\_ No \_\_\_\_ Has the applicant had special testing or tutoring? Please specify

\_\_\_\_\_

How were you referred to St. Philip's? \_\_\_\_\_

What Public school in your neighborhood would this child have to attend? \_\_\_\_\_

What church does your family attend? \_\_\_\_\_



## FAMILY INFORMATION

**Mother/Stepmother/Guardian** (circle appropriate title)

**Father/Stepfather/Guardian** (circle appropriate title)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Mobile # ( ) \_\_\_\_\_

Mobile # ( ) \_\_\_\_\_

Pager # ( ) \_\_\_\_\_

Pager # ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Child lives with \_\_\_\_\_

Are the parents of this child: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Remarried \_\_\_\_\_ Single \_\_\_\_\_ Other \_\_\_\_\_

Please list the names of all family members living with this child(ren):

Name	Relationship to Child	Age	School Name	Occupation

**FINANCIAL AID::** Are you interested in applying for Financial Aid? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please contact the Director of Admissions at (214) 421-5221, for more information.

**REGISTRATION FEE::** Pre Kindergarten 3 year old through Sixth Grade: Include the \$400 non-refundable registration fee with this completed application.

**TESTING FEE::** Pre-Kindergarten 3 year old through Sixth Grade: Include the \$50 non-refundable testing fee with this completed application.

By my signature, I attest that all information on this form is accurate. I have not altered any records that I have submitted to St. Philip's School. I understand that discrepancies or reporting of inaccurate information may result in my child(ren) being denied admission to St. Philip's School.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_