



## Enrollment 2020-2021

**Father or Guardian**

**Name** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_

**Mother or Guardian**

**Name** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_

Which parent will be the FACTS customer? \_\_\_\_\_ Email for FACTS: \_\_\_\_\_

**Stepmother's Name**

Address \_\_\_\_\_  
 City, Zip \_\_\_\_\_  
 Cell Telephone \_\_\_\_\_  
 Home Telephone \_\_\_\_\_  
 Work Telephone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_

**Stepfather's Name**

Address \_\_\_\_\_  
 City, Zip \_\_\_\_\_  
 Cell Telephone \_\_\_\_\_  
 Home Telephone \_\_\_\_\_  
 Work Telephone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_

**Student Information**

	<b>Student #1</b>	<b>Student #2</b>	<b>Student #3</b>
First Name	_____	_____	_____
Middle Name	_____	_____	_____
Last Name	_____	_____	_____
Previous School (if new)	_____	_____	_____
Grade (2020-2021)	_____	_____	_____
Date of Birth	_____	_____	_____
Gender	_____	_____	_____
Ethnicity--Hispanic	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
*Race (see below)	_____	_____	_____
Allergies/Medications	_____	_____	_____
Baptized Catholic	Yes _____ Date _____	Yes _____ Date _____	Yes _____ Date _____
1 <sup>st</sup> Reconciliation	Yes _____ Date _____	Yes _____ Date _____	Yes _____ Date _____
1 <sup>st</sup> Communion	Yes _____ Date _____	Yes _____ Date _____	Yes _____ Date _____
Home internet access?	Yes _____ No _____		

**\*Race:** For State reporting purposes only, please choose from the following: Multiracial, White/Caucasian, Asian, Native Hawaiian/Pacific Islander, Native American/Native Alaskan, or Black/African American. Hispanic is not a race but an ethnicity.

Family Name: \_\_\_\_\_ Total # of Children Enrolled: \_\_\_\_\_

Father's religion \_\_\_\_\_ Mother's religion \_\_\_\_\_

If Catholic, name of parish you attend \_\_\_\_\_

Child lives with: Both parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_  
Mother & stepfather \_\_\_\_\_ Father & stepmother \_\_\_\_\_ Other \_\_\_\_\_

Check as applicable: Parents separated \_\_\_\_\_ Mother remarried \_\_\_\_\_ Mother deceased \_\_\_\_\_  
Parents divorced \_\_\_\_\_ Father remarried \_\_\_\_\_ Father deceased \_\_\_\_\_

**Emergency Contact/Pick Up Information  
(Other than parents)**

Name	Cell/Work/Home Phone	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Handbook and Internet**

\_\_\_\_\_ We agree to abide by the policies and procedures as stated in the Parent/Student Handbook.  
(Initial) A copy is available at sphilipnerschool.com or a paper copy may be purchased from the school office.

\_\_\_\_\_ We agree to abide by the school's Technology Agreement as stated in the Parent/Student Handbook.  
(Initial) We understand that even with a web-filtering device in use, it is not possible for the school to guarantee that inappropriate materials may not be viewed by students.

\_\_\_\_\_ I wish to be included in the school directory which includes names, address, and home telephone  
(Initial) number. This directory is only distributed to St.Philip Neri families.

**Media Release**

I give the Archdiocese of Oklahoma City permission to obtain and use quotations, photographs, video and audio footage of me and/or my child. I understand that these quotations, photographs, video and audio footage could be used in publications, print advertisements, direct-mail pieces, electronic media (including social media), or other promotional materials. I release the archdiocese and its designees from liability for any violation of any personal or proprietary rights I may have in connection with using these quotations, images or video.

Name of subject (print) \_\_\_\_\_  
Signature of consent \_\_\_\_\_  
Parent's signature (for children under age 18) \_\_\_\_\_  
Print name \_\_\_\_\_  
Date \_\_\_\_\_

**For children that walk home:** \_\_\_\_\_ I give permission for my child(ren) to walk home.  
(Initial)

1. Is a language **other than English** used in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Parent's signature Date Parent's signature Date

For office use only: Registration Fee Pd. Amt. \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_