

SAINT PHILOMENA HOMESCHOOL

APPLICATION FOR ADMISSION

Family Name _____ # of children in family _____

Mother's Full Name _____

Father's Full Name _____

Address _____

City _____ State _____ Zip _____

Mother's cell phone number _____ Father's cell phone number _____

Mother's email address _____

Father's email address _____

Additional Emergency Contact/phone number _____ Relation? _____

Have your children been homeschooled before? _____

Catholic Parish your family attends/city _____

*Please email your completed application to stphilomenacatholiccoop@gmail.com. Once your application has been received, you will be notified and a date will be scheduled for a family interview **with both parents**. Admissions to SPH are based on the family interview and how well our school fits your family's needs. We look forward to meeting you!

Name of child applying for admission	Date of Birth	Age on August 1	Proposed School Grade	M/F?	Behavior/ Learning differences?	Allergies or Medical Issues? please list	What sacraments has this child received?
1							
2							
3							
4							
5							
6							
7							
8							