



Intent to Enroll Sibling Form

This form should only be completed if you are interested in enrolling another child in Philip's Academy. Siblings of students enrolled at Philip's Academy, either sharing the same parent(s) or through legal adoption, will be given preference prior to other applicants being accepted. For verification purposes, please attach birth certificates and/or legal guardianship paperwork for each sibling you wish to enroll for the first time.

Primary Parent or Guardian Information

First Name: _____ Last Name: _____

Relationship: Mother Father Legal Guardian

Phone Number: _____

Email Address: _____

Current Enrolled Student Information

Student's Full Name: _____ Current Grade: _____

Student's Full Name: _____ Current Grade: _____

Student's Full Name: _____ Current Grade: _____

Children You Wish to Enroll (those who do not currently attend Philip's Academy)

Child's Full Name: _____ Current Grade: _____ Gender: M F

Child's Full Name: _____ Current Grade: _____ Gender: M F

Child's Full Name: _____ Current Grade: _____ Gender: M F

***** This is not an application *****

To submit an application for all siblings you must submit an application through Newark Enrolls Universal Enrollment by visiting www.newarkenrolls.org. It's the only way to apply.

By signing your name below and submitting this form, you are agreeing that the information entered is true and correct.

Parent or Guardian Signature

Date