



6201N 21ST STREET
PHILADELPHIA PA 19138
215 438 4140 TEL 215 438 4160 FAX
IMHOTEPCHARTER.ORG

Dr. Ayesha Imani, Executive Manager
Jury Segers, Principal
Carla Pitt, Associate Principal

STUDENT APPLICATION

School Year Applying For: 2017-18

PLEASE PRINT

Today's Date: _____ Student's Date of Birth: _____ Gender: M / F

Student's Current Grade: _____ Grade Applying For: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Current School: _____

.....
Parent(s)/Guardian(s) Name: _____

Relationship to Student: _____

Parent Email Address: _____

Name(s) of any Sibling(s) Enrolled at Imhotep: *(currently enrolled, biological siblings)*

_____ Grade: _____

_____ Grade: _____

Parent/Guardian Signature _____ Date: _____

****ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED****