



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

John Polk, Executive Manager
Jury Segers, Principal
Carla Pitt, Associate Principal

STUDENT APPLICATION **School Year: 2019-2020**

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****