



## 2016-2017 STUDENT APPLICATION FOR REGISTRATION

### TO THE PARENTS

- ❖ Complete the information on this form and return it to the school office.
- ❖ Attach copies of your student's baptismal certificate, certified birth certificate, First Eucharist certificate, and most recent report card.
- ❖ Attach \$200 NON-REFUNDABLE application fee per family.
- ❖ Admission is based upon the policy set by the School Commission.

### PLEASE PRINT LEGIBLY

We are registered in \_\_\_\_\_ parish and our Sunday envelope number is \_\_\_\_\_.

**Student's Name** \_\_\_\_\_ Gender F M

Applying for Grade \*Preschool Pre-K K 1 2 3 4 5 6 7 8 (please circle)

\* There is no preschool on Wednesdays.

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_

Primary Language Spoken at Home \_\_\_\_\_ Other Languages Understood \_\_\_\_\_

**Current School** \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

**Religion** \_\_\_\_\_ Place of Worship \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Church \_\_\_\_\_ City/State \_\_\_\_\_

Date of First Reconciliation \_\_\_\_\_

Church \_\_\_\_\_ City/State \_\_\_\_\_

Date of First Eucharist \_\_\_\_\_

Church \_\_\_\_\_ City/State \_\_\_\_\_

### **Ethnic Background** (please circle)

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Caucasian or White

Native Hawaiian or Other Pacific Islander

Student Resides with: \_\_\_ Both Parents  
\_\_\_ One Parent (please specify) \_\_\_\_\_  
\_\_\_ Guardian (relationship) \_\_\_\_\_

Father's Name \_\_\_\_\_  
Religion \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Business Phone # (\_\_\_\_) \_\_\_\_\_  
Cell Phone # (\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Religion \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Business Phone # (\_\_\_\_) \_\_\_\_\_  
Cell Phone # (\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_

Persons to contact in the event of an emergency (if the parent/guardian **cannot** be reached) and who are authorized to pick up the student from school:

Emergency Contact: \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Why do you wish to have your child attend St. Vincent de Paul School?**

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**Please describe your involvement in St. Vincent de Paul Parish:**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Registered in Parish yes no Parish Involvement verified by:

Date registered: \_\_\_\_\_

Envelope # \_\_\_\_\_

Other Parish registrations: \_\_\_\_\_

Sacrificial Giving Card yes no

Contributes regularly yes no irregularly

CCD yes no

Date received \_\_\_\_\_ Application Fee check # \_\_\_\_\_ Amount \_\_\_\_\_ Initialed \_\_\_\_\_

Youth Minister: \_\_\_\_\_

Family Minister: \_\_\_\_\_

Adult Minister: \_\_\_\_\_

Pastor: \_\_\_\_\_

Principal: \_\_\_\_\_