



# St. Vincent de Paul School

30527 8th Ave. S. Federal Way, WA 98003  
253-839-3532 f253-946-1247 www.stvs.us

### 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 \$250 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 _____	Mother's Name _____
Religion _____	Religion _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Business Phone # (_____) _____	Business Phone # (_____) _____
Cell Phone # (_____) _____	Cell Phone # (_____) _____
E-Mail _____	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?**

---

---

---

---

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

---

---

---

---

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

**FOR OFFICE USE ONLY:**

Registered in Parish yes no Parish Involvement verified by:

Date registered: _____	Youth Minister: _____
Envelope # _____	Family Minister: _____
Other Parish registrations: _____	Adult Minister: _____
Sacrificial Giving Card yes no	Pastor: _____
Contributes regularly yes no irregularly	Principal: _____
CCD yes no	
Date received _____ Application Fee check # _____ Amount _____ Initialed _____	