



# St. Vincent de Paul School

*A Parish School Promoting Excellence Through Catholic Education*

## 2012-2013 STUDENT APPLICATION FOR ADMISSION

### 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 \$150 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** \_\_\_\_\_

Applying for Grade pre-K K 1 2 3 4 5 6 7 8 (please circle) Gender F M

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/Zip \_\_\_\_\_

**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

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

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We are a  
 faith-centered  
**Catholic**  
 school that  
 promotes  
 academic  
 achievement and  
**spiritual**  
 development for  
 our students and  
 families. This is  
 reflected through  
**worship,**  
 learning, support  
 of each other, and  
 service to the  
 community

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 _____
	Maiden Name _____

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: \_\_\_\_\_

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

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

<b>FOR OFFICE USE ONLY:</b>			
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 _____