

St. Vincent de Paul Catholic Elementary School
New Student Registration Application

Are you registered at SVdP Parish? YES NO What year did you register? _____

Student Name: _____ M F
Last First Middle Gender

Preferred Name: _____

Address: _____
Street Subdivision

_____ City State Zip School District

Home Telephone: _____ Student's Date of Birth: _____

Student lives with: (please circle one) Both parents Father Mother Other Grade Applying for: _____

Father's Name: _____
Last First Middle Initial

Home Address: _____
Street Subdivision

_____ City State Zip Email Address

Father's Occupation: _____ Place of Employment: _____

Father's Work Number: _____ Cell Number: _____

Father's Religion: _____ Marital Status: (please circle one)
Married Separated Divorced Widowed Single

Father's Education: _____ Safe Environment: Yes No Exp: __/__/__

Mother's Name: _____
Last First Middle Initial

Home Address: _____
Street Subdivision

_____ City State Zip Email Address

Mother's Occupation: _____ Place of Employment: _____

Mother's Work Number: _____ Cell Number: _____

Mother's Religion: _____ Marital Status: (please circle one)
Married Separated Divorced Widowed Single

Mother's Education: _____ Safe Environment: Yes No Exp: __/__/__

FOR OFFICE USE ONLY:

Registration fee: _____ Date: _____ Check #: _____

Baptismal Certificate: _____ Birth Certificate: _____ Health Record: _____

