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 check 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 check 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 check 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:_____

St. Vincent de Paul Catholic Elementary School

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1. Please include the original birth certificate (per NE state law) for your child with this application form. We will make a copy for our files and return the original to you.

2. Please include month, day and year of Baptism and attach your child's Baptismal Certificate for us to copy. If your child was baptized at SVdP and you do not have the Baptismal Certificate, **YOU** must request a replacement certificate from the Parish Office (402-496-7988) to be sent to the School Office. If your child was baptized at another church, please request a replacement certificate from that church.

	Baptism	Penance	First Communion	Confirmation
Church				
City, State				
Date				

ETHNICITY: Is this student Hispanic/Latino? _____Yes _____No

RACE: (choose one or more; must choose at least one)

_____American Indian or Alaska Native _____Native Hawaiian or Pacific Islander

_____Asian _____White

_____Black or African American

Is this student bilingual? _____Language(s)(other than English) spoken at home_____

Schools Student Previously Attended	Dates	Location

Name of Sisters/Brothers	DOB	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Physician Name_____ **Phone #**_____

Has any individual academic, speech, or psychological testing been completed on your child (educational special services, IEP or needs)? Yes____ No____

If Yes, please provide additional information.

Emergency Contact Information (Adults other than Parents)

Name of contact Telephone Number Relation to Child (or friend)

1. _____

2. _____

AUTHORIZATION

Media Release Notice: St. Vincent de Paul School and Church assume they have permission to include student photos, videos, printed materials, online newsletters, school web site and/or local media stories for promotion purposes.

Check here ☐ to indicate that you DO NOT give permission for your student to be included in media events.

Student Directory Listing: Saint Vincent de Paul School publishes a student directory that includes: parent/guardian and student name, home address and home phone number, and primary parent/guardian email.

Check here ☐ to indicate that you DO NOT want information on you or your student published in the directory.

OMAHA PUBLIC SCHOOLS
Non-Public Student Enrollment Form
Complete ONE per student - Please Print

Student Information

Student Last Name *(legal)*:

Student Name Suffix (Jr, III, etc):

Student First Name *(legal)*:

Gender: M F

Student Middle Name *(full)*:

Birth Date (*month/day/year*):

Ethnicity *(choose one)*
- Hispanic/Latino
- Not Hispanic/Latino

Race *(Choose one or more, regardless of Ethnicity)*
- Native American or Alaskan
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White

Student Number: Current School: Grade:

Name of Last School City/State Year Attended

Primary Household - The primary residence of the student

Residential Address: Apt. #

City: State: ZIP: Home Phone: ( )

Mailing Address *(if different)*:

City: State: ZIP:

Parent/Guardian Information - (Parent(s)/Guardian(s) living in primary household with students)

Parent Last Name (legal):	Parent Last Name (legal):
Parent First Name (legal):	Parent First Name (legal):
Parent Middle Name (legal):	Parent Middle Name (legal):
Gender: Birth Date:	Gender: Birth Date:
Work Phone: ( )	Work Phone: ( )
Cell Phone: ( )	Cell Phone: ( )
E-Mail Address:	E-Mail Address:
Relationship to Student: _____ Legal Guardian: Yes No	Relationship to Student: _____ Legal Guardian: Yes No

Please list ALL CHILDREN living at the above address

Student Number	Full Legal Name (Last, First, Middle)	Gender (Circle)	Birth Date (mm/dd/yy)	Relationship to Student (Sibling, Cousin, Foster Child etc.)	School Attending (where applicable)	Grade
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				

FOR OFFICE USE ONLY

School: Bldg Number: Grade: Enter Code: Enter Date: ____/____/____

Student's Legal Name and Birth Date Verified by _____ Date: ____/____/____