

# St. Vincent de Paul Catholic Elementary School

## Kindergarten Registration Application

Are you registered at SVdP Parish?  YES  NO Date Registered: \_\_\_\_\_

Student Name: \_\_\_\_\_ M  F   
Last First Middle Gender

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

**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  Divorced  Single  Widow

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  Divorced  Single  Widow

Mother's Education: \_\_\_\_\_ Safe Environment:  Yes  No Exp. \_\_\_\_\_

*For Office Use Only:*

Date _____	<input type="checkbox"/> Registration payment	Check # _____	Baptismal Certificate <input type="checkbox"/>	Birth Certificate <input type="checkbox"/>
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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, please 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.

	Date	Church	City, State
Baptism			

**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.

**St. Vincent de Paul Catholic Elementary School**  
Kindergarten Registration Application

Why is it important for you to have your child attend St. Vincent de Paul Catholic School?

If you are a newly registered parishioner at St. Vincent de Paul Parish, describe your involvement at your previous parish/school. Be as thorough and specific as possible.:

Describe your past and present involvement in St. Vincent de Paul Parish. Be as thorough and specific as possible. (Including dates and amount of time involved.):

Please list any additional information you think would be needed by the school (educational special services or needs):

**St. Vincent de Paul Catholic Elementary School  
Student Developmental Background**

Student Name \_\_\_\_\_ Gender \_\_\_\_\_  
(Last) (First)

Date of Birth \_\_\_\_\_ Preferred name at school \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City, State) (Zip) (Subdivision)

Father's Name \_\_\_\_\_ Father's Email \_\_\_\_\_

Father's Address \_\_\_\_\_  
(Street) (City, State) (Zip) (Subdivision)

Home Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Work Telephone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Email \_\_\_\_\_

Mother's Address \_\_\_\_\_  
(Street) (City, State) (Zip) (Subdivision)

Home Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Work Telephone \_\_\_\_\_

Did your child attend Pre-Kindergarten? \_\_\_\_\_  
If yes, how long did child attend Pre-Kindergarten and at what school?  
\_\_\_\_\_

Did your child attend Kindergarten? \_\_\_\_\_  
If yes, at what school did your child attend Kindergarten? \_\_\_\_\_

Name other children in the family. Indicate grade for all children who will be enrolled in St. Vincent de Paul Elementary School this coming year:

First Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Has any individual academic, speech or psychological testing been completed on your child? (educational special services, IEP or needs)? If yes, please provide additional information.

List any family situations that might have had an effect on this student. (e.g. death, separation, divorce, traumatic accidents, adoption, hospitalization, abuse, chemical dependency, etc.)

**PLEASE RETURN WITH REGISTRATION FORM**



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

**Student Information**

Student Last Name ( <i>legal</i> ):	Student Name Suffix (Jr, III, etc):	Ethnicity ( <i>choose one</i> ) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Student First Name ( <i>legal</i> ):	Gender: M    F	Race ( <i>Choose one or more, regardless of Ethnicity</i> ) <input type="checkbox"/> Native American or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Student Middle Name ( <i>full</i> ):	Birth Date ( <i>month/day/year</i> ):	
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 ( <i>legal</i> ):	Parent Last Name ( <i>legal</i> ):
Parent First Name ( <i>legal</i> ):	Parent First Name ( <i>legal</i> ):
Parent Middle Name ( <i>legal</i> ):	Parent Middle Name ( <i>legal</i> ):
Gender:      Birth Date:	Gender:      Birth Date:
Work Phone: (    )	Work Phone: (    )
Cell Phone: (    )	Cell Phone: (    )
E-Mail Address:	E-Mail Address:
Relationship to Student: _____	Relationship to Student: _____
Legal Guardian:      Yes    No	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: \_\_\_\_/\_\_\_\_/\_\_\_\_