

Please complete and return to Kathy Palmer – School Office

ENROLLMENT FORM

DATE: _____

Saint Vincent de Paul School
1720 E. Wallen Road

Grade:
Kindergarten - FULL
Kindergarten – PROGRESSIVE

Student's Legal Name: _____

Last First Middle Sex Date of Birth Place: City State

Residential Address: _____

Street City State Zip Phone Number

Previous School: _____

Name Address City State Zip Phone number

Student lives with Both parents _____ Mother _____ Father _____ Stepmother _____ Stepfather _____
Legal Guardian(s) _____ Relatives _____ Grandparents _____ Other _____

Student's Religion _____ Parish in which Registered: _____

***If your child was not baptized at St. Vincent Church we will need a copy of the Baptismal Certificate**

Baptism: Date: _____ Church _____ City _____ State _____ Zip _____

Communion: Date: _____ Church _____ City _____ State _____ Zip _____

Confirmation Date: _____ Church _____ City _____ State _____ Zip _____

LIST ALL CHILDREN IN THE FAMILY (PLACE *IN FRONT OF THIS CHILD'S NAME)

OLDEST 1. NAME _____ Age _____ 5. Name _____ Age _____
2. NAME _____ Age _____ 6. Name _____ Age _____
3. NAME _____ Age _____ 7. Name _____ Age _____
4. NAME _____ Age _____ 8. Name _____ Age _____

MEDICAL ALERT:

IN CASE OF EMERGENCY NOTIFY (other than parent) _____

NAME PHONE # CELL #

FAMILY PHYSICIAN: _____

NAME PHONE # HOSPITAL

Email Address: _____

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HOUSEHOLD INFORMATION

Mother's Name: First _____ Last _____ Maiden _____ Living _____ Deceased _____
Employer: _____ Work Phone _____ Cell Phone _____ Occupation _____
Education: Grade _____ High _____ College _____ Postgraduate _____ RELIGION: _____

Father's Name: First _____ Last _____ Living _____ Deceased _____
Employer: _____ Work Phone _____ Cell Phone _____ Occupation _____
Education: Grade _____ High _____ College _____ Postgraduate _____ RELIGION: _____

Parent's Martial Status: Married _____ Divorced _____ *Seperated _____ Single _____ *Remarried _____
*COPY OF CUSTODY/GUARDIANSHIP PAPERS REQUIRED)

Name of Guardian* with whom the child is living(if not listed above) _____ Relationship: _____
Address: _____
Employer: _____ Occupation: _____

HAS THIS CHILD EVER RECEIVED ANY SPECIAL SERVICES FOR (E.G. LEARNING, DISABILITY, PHYSICAL, IMPAIRMENT, COMMUNICATION, DISORDER, EMOTIONAL DIFFICULTY, ETC.)? Yes _____ No _____

What is the native language of the student? _____
What is the language spoken most often by the parents? _____
What language or languages are spoken by the student in the home? _____

ETHNICITY(CIRCLE MOST APPROPRIATE)

1. American Indian or Alaska Native
2. Black (Not of Hispanic Origin)
3. Asian or Pacific Islander
4. Hispanic
5. White (Not of Hispanic Origin)
6. Multiracial

SV Enrollment Form.doc

Admission is not determined until an admission interview is conducted (if necessary) and confirmation is received from your previous school, if applicable, and that financial obligations are current. (P5270).
