

St. Vincent de Paul Catholic Schools – Application

Please complete one form per child

Part A Child's Background:

Child's **Full** Name: _____ Entering School Year: 20_____
(First) (Middle) (Last)

Applicant lives with Mr./Mrs./Mr. & Mrs. _____ Relationship: _____

Child's Mailing/Home Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone #: _____ Social Security Number: _____

Race: _____ US Citizen: _____ Catholic/Non Catholic: _____

What parish is the family registered at? _____

Date of Birth (include copy of birth certificate): _____ Place of Birth: _____

Date of Baptism (include copy of baptism certificate): _____ Date of Confirmation: _____

Applying for admission to grade: _____ Anticipated Graduation Year: _____

Applicant's Present School: _____ Present Grade: _____

Other Schools attended: _____ Public School District where child lives: _____

Part B Family Background:

Father's Name: _____ Religion: _____
Last Name First Name MI

Date of Birth: _____ Place of Birth: _____ US Citizen: _____

Father's Occupation: _____ Business Name & Phone: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Check if parent address is the same as child's listed above

Mailing/Home Address: _____

Mother's Name: _____ Religion: _____
Last Name First Name MI

Mother's Maiden Name: _____ Date of Birth: _____ Place of Birth: _____

US Citizen: _____ Mother's Occupation: _____ Business Name & Phone: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Check if parent address is the same as child's listed above

Mailing/Home Address: _____

Marital Status (circle one): Married Single Divorced (Who has legal custody?) _____

****PLEASE ATTACH A COPY OF DIVORCE DECREE or COURT CUSTODY PAPERS****

Total Number of Children in Family: _____

Older Sisters: _____ Younger Sisters: _____ Older Brothers: _____ Younger Brothers: _____ This Child's Rank: _____

Siblings attending St. Vincent de Paul Catholic Schools & Grade Levels _____

Over →

Part C Short Answer

1. Are there any factors affecting the applicant which would assist St. Vincent Catholic Schools in meeting his/her educational needs? If so, please explain.

2. What influenced your decision to apply to St. Vincent Catholic Schools?

If the answer to any question is yes, please explain below.

Has the applicant ever applied to St. Vincent Catholic Schools before?	Yes	No
Has the applicant ever been in a resource room or remedial program?	Yes	No
Has the applicant ever repeated any grade levels? If so, which grade level? _____	Yes	No
Has the applicant ever been put on probation at any school?	Yes	No
Has the applicant ever been suspended at any school?	Yes	No
Has the applicant ever been evaluated for any special educational needs?	Yes	No
Does the child have an Individualized Education Program (IEP) or Disability?	Yes	No
If so, has the present school been directed to send the report to SV with the school records?	Yes	No

Explain: _____

Please include a copy of your child's immunizations

Parent Signature: _____ Date: _____

If your child is transferring, this application cannot be processed without an official transcript of grades, standardized test scores, attendance and discipline information from the present school.

Please return this completed form and have all educational records forwarded to:

Kindergarten – 6th Grade
Mrs. Diane Unterreiner
Elementary School Principal
St. Vincent Elementary School
1007 W St Joseph Street
Perryville, MO 63775
dunterreiner@svdepaul.org
573.547.4300 x326
Fax 573.547.1757

7th Grade – 12th Grade
Deacon Rob Huff
Head of Schools
St. Vincent Jr/Sr High School
210 South Waters Street
Perryville, MO 63775
rhuff@svdepaul.org
573.547.4300 x233
Fax 573.547.1722