

# 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.

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

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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 – 6<sup>th</sup> Grade  
Elementary School Principal  
St. Vincent Elementary School  
1007 W St Joseph Street  
Perryville, MO 63775  
573.547.4300 x326  
Fax 573.547.1757

7<sup>th</sup> Grade – 12<sup>th</sup> Grade  
Head of Schools  
St. Vincent Jr/Sr High School  
210 South Waters Street  
Perryville, MO 63775  
573.547.4300 x233  
Fax 573.547.1722