ST. VINCENT DE PAUL CATHOLIC SCHOOL

NEW STUDENT REGISTRATION FORM

School Year: 20___ to 20___ Grade Entering: _____ Age: _____ Date of Registration: _____

CHILD'S NAME: _____
Last Name *First Name* *Middle Name*

Home Address: _____
City: _____ Zip: _____ Home Phone with area code: _____

***Please Note:** Children entering our Kindergarten must be five years old on or before September 1st to coincide with State of Illinois regulations.

Date of Birth: _____ Place of Birth: _____ Gender: F _____ M _____

1) Ethnicity (please mark one): Hispanic/Latino _____ Not Hispanic/Latino _____

2) Race (mark all that apply): American Indian/Native Alaskan _____ Asian _____
Black/African American _____ Native Hawaiian/Pacific Islander ____
White _____ Two or More Races _____

Name of School Last Attended: _____ Grade: _____
Address of School: _____
Number and Street *City* *State* *Zip*

Sacraments Received	Date (MM/DD/YYYY)	Church	City	State
Baptism				
First Penance				
First Communion				
Confirmation				

Required with this registration:
1) Certified Birth Certificate required (not hospital certificate) – copy will be made and original returned to you.
2) Baptismal Certificate required if **not** at St. Vincent de Paul Church – original will be returned to you.
Older Children in Family- Boys ___ Girls ___ # Younger Children in Family- Boys ___ Girls ___
Year's Family Registered at St. Vincent de Paul Parish: ____ Parish if not SVdP: _____
Public School District Child Resides In: _____

FATHER'S/(GUARDIAN'S) NAME: _____
Place of Birth: _____ Cell Phone: _____
E-mail: _____ Work Phone: _____
Employer: _____ Occupation: _____
Single _____ Married _____ Separated _____ Divorced _____ Remarried _____ Deceased ____
Joint Custody of Child (ren): Yes _____ No _____ Religion: _____
Education: Less than High School ____ High School/GED ___ Some College ___ 2 Yr. College ___
4 Yr. College (BS, BA) ____ Masters Degree ____ Professional Degree (MD, JD) ___

MOTHER'S MAIDEN/(GUARDIAN'S)NAME: _____
Place of Birth: _____ Cell Phone: _____
E-mail: _____ Work Phone: _____
Employer: _____ Occupation: _____
Single _____ Married _____ Separated _____ Divorced _____ Remarried _____ Deceased ____
Joint Custody of Child (ren): Yes _____ No _____ Religion: _____
Education: Less than High School ____ High School/GED ___ Some College ___ 2 Yr. College ___
4 Yr. College (BS, BA) ____ Masters Degree ____ Professional Degree (MD, JD) ___