



**ST. VINCENT
DE PAUL**
CATHOLIC SCHOOL

PROSPECTIVE STUDENT INFORMATION SHEET

***Today's Date:** _____ **Time of Day:** _____ **(Circle):** email phone walk-in

***Description:**

- Parishioner
- Non-Parishioner _____
- Non-Catholic (refers to student)
- Transfer Student
 - Name of transfer school: _____
 - City, State: _____

Mother's Name: _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Mother Cell Phone: _____

Email: _____ Father Cell Phone: _____

Name(s) of child(ren):

1. First: _____ Last: _____ Middle: _____

Date of Birth: _____ Expected Date of Entry: _____

Present Year in School: PreK K 1 2 3 4 5 6 7 8

2. First: _____ Last: _____ Middle: _____

Date of Birth: _____ Expected Date of Entry: _____

Present Year in School: PreK K 1 2 3 4 5 6 7 8

3. First: _____ Last: _____ Middle: _____

Date of Birth: _____ Expected Date of Entry: _____

Present Year in School: PreK K 1 2 3 4 5 6 7 8

***How did you hear about St. Vincent de Paul School?**
