



# St. Vincent de Paul Catholic School

## Application for Admission

**This application must be accompanied by a copy of the following: state birth certificate, copy of baptismal card, and immunization record. Applications without the required documents are considered incomplete.**

### Applicant Information

Application for grade: \_\_\_\_\_ School year: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Current address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Family e-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male  Female  Social Security number: \_\_\_\_\_

Religion: \_\_\_\_\_ If Catholic, please list parish: \_\_\_\_\_

African American  Caucasian  Asian  Hispanic  American Indian  Pacific Islander  Multi-racial

Date of baptism: \_\_\_\_\_ Parish: \_\_\_\_\_

Date of reconciliation: \_\_\_\_\_ Parish: \_\_\_\_\_

Date of first communion: \_\_\_\_\_ Parish: \_\_\_\_\_

### Guardianship Information

Full name of father (or guardian): \_\_\_\_\_  

Title
Last
First
Middle initial

Married  Single  Separated  Divorced  Remarried  Deceased

Street address and phone number (if different from applicant): \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Full name of mother (or guardian): \_\_\_\_\_  

Title
Last
First
Middle initial

Married  Single  Separated  Divorced  Remarried  Deceased

Street address and phone number (if different from applicant): \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ E-mail: \_\_\_\_\_