

**St. Vincent de Paul Catholic Elementary School**  
2010-2011 Kindergarten Registration Application

Are you registered at SVdP Parish? \_\_\_YES \_\_\_NO What year did you register? \_\_\_\_\_

Student Name: \_\_\_\_\_ M \_\_\_ F \_\_\_  
Last First Middle Gender

Address: \_\_\_\_\_  
Street Subdivision  
\_\_\_\_\_ City State Zip School District

Home Telephone: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Student lives with: (please circle one) Both parents Father Mother Other

Father's Name: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_  
Street Subdivision  
\_\_\_\_\_ City State Zip Email Address

Father's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Marital Status: (please circle one)  
Married Separated Divorced Widowed Single

Father's Education: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_  
Street Subdivision  
\_\_\_\_\_ City State Zip Email Address

Mother's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Marital Status: (please circle one)  
Married Separated Divorced Widowed Single

Mother's Education: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Reg Pymt, Date & Ck #:

Baptismal Certificate:

Birth Certificate:

Student Developmental Background:

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**1. Please include the original birth certificate (per NE state law) for your child with this application form. We will make a copy for our files and return the original to you. Your child's application will be considered incomplete until we have seen the original and made a copy for our files.**

2. Please include month, day and year of Baptism and attach your child's Baptismal Certificate for us to copy. If your child was baptized at SVdP and you do not have the Baptismal Certificate, **YOU** must request a replacement certificate from the Parish Office (402-496-7988) to be sent to the School Office. If your child was baptized at another church and you do not have the Baptismal Certificate, please request a replacement certificate from that church.

Baptized at

Church	
City, state	
Date	

Student's Racial/Ethnic Classification (please check one):

White, not of Hispanic origin     
  Asian or Pacific Islander     
  American Indian  
 Black, not of Hispanic origin     
  Hispanic     
  Other

Schools & Grades Student Previously Attended	Dates	Location

Name of Sisters/Brothers	DOB	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Emergency Contact Information**

**Please list two or three emergency contacts for your child who can be called if we are unable to contact you in case of illness, injury or accident:**

Name of contact	Telephone Number	Relation to Child (or friend)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Parish Envelope No. \_\_\_\_\_

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Why is it important for you to have your child attend St. Vincent de Paul Catholic School?

If you are a newly registered parishioner at St. Vincent de Paul Parish, describe your involvement at your previous parish/school. Be as thorough and specific as possible.

Describe your past and present involvement in St. Vincent de Paul Parish. Be as thorough and specific as possible. (Including dates and amount of time involved.)

Additional information you think would be needed by the school (educational special services or needs):