St. Vincent de Paul Catholic Elementary School

2010-2011 Pre-Registration Form

Student Name: _____ M_____F_____
Last First Middle Gender

Address: _____ _____ _____
Street Subdivision School District

_____ YES_____NO_____
City State Zip Parish Member

Home Phone: _____ Student's Date of Birth: _____ Grade for Fall 2010:_____

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

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

FOR OFFICE USE ONLY:
Date of Receipt:
Ck Number:
Amt Paid: