



# Saint Vincent de Paul Parish School

♦1385 East Spring Lane ♦Salt Lake City, Utah 84117 ♦p. 801-277-6702 ♦f. 801-424-0450 ♦www.stvincents-school.org

## REGISTRATION FORM 2017-2018

Applying to (please check one):

- Pre-K (4)  
  Kinder  
  1<sup>st</sup>  
  2<sup>nd</sup>  
  3<sup>rd</sup>  
  4<sup>th</sup>  
  5<sup>th</sup>  
  6<sup>th</sup>  
  7<sup>th</sup>  
  8<sup>th</sup>

### Student Information

F  M

Student Name \_\_\_\_\_  
Last First Middle Preferred Name

Address \_\_\_\_\_  
Street City State Zip

Birthdate \_\_\_\_\_ Current age \_\_\_\_\_ Current Grade \_\_\_\_\_ Last School Attended \_\_\_\_\_

School's Address \_\_\_\_\_ School District You Live in: \_\_\_\_\_  
Street City State Zip

Religion \_\_\_\_\_ Registered parish/church \_\_\_\_\_ Baptism Date (if Catholic) \_\_\_\_\_

Race:  Caucasian  Asian  Latin American  African American  Native American Other: \_\_\_\_\_

### Father

### Mother

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

### Family Information

Student is living with  Both Mother & Father (listed above)  
 Parents are divorced or separated. Student lives with \_\_\_\_\_

Custody restrictions (court records must be submitted) \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Do you have other children currently attending Saint Vincent?  Yes  No

Do you have another child currently applying for admission to Saint Vincent?  Yes  No

If yes, please provide: Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Do you have other children attending another local school:  Yes  No

If yes, please provide: Name \_\_\_\_\_ Grade \_\_\_\_\_ @ \_\_\_\_\_ School

Name \_\_\_\_\_ Grade \_\_\_\_\_ @ \_\_\_\_\_ School

Has an educational or behavioral assessment ever been completed for your child? (An evaluation might include testing for special needs, learning differences or disabilities, and/or physical limitations.)  Yes  No If yes, please explain:

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Does your student have any significant health factors?  Yes  No If yes, please explain:

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Has your child ever skipped a grade?  Yes  No

Was your child ever suspended, expelled or put on probation?  Yes  No If yes, please explain:

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Why is your child leaving their present school? (Not applicable for Pre-K or Kindergarten students)

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What do you hope a Catholic education at Saint Vincent will provide for your child?

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How did you learn about Saint Vincent School?

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Were you referred by a family from our school?  Yes  No

If so, please list the family name: \_\_\_\_\_

Did you or your spouse graduate from Saint Vincent School? \_\_\_\_\_

The following items MUST be submitted for an application to be considered:

- Registraton fee (\$50 – nonrefundable and not applicable to tuition or registration)
- Completed application form
- Copy of child's birth certificate
- Copy of child's current immunization records
- Copy of child's baptismal certificate (if Catholic)
- Copy of previous year's first semester report cards and test scores
- Copy of any psychological or education assessments

The information herein is given for the purpose of obtaining admission to Saint Vincent School. I certify that the information provided herein is correct to the best of my knowledge.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_