



St. Vincent De Paul
Dual Language Immersion School

PROSPECTIVE STUDENT APPLICATION

This application is to be completed in full by the applicant's parent or guardian and returned to St. Vincent De Paul Dual Immersion School. Upon screening of your child and acceptance, a registration packet must be completed in order to secure enrollment for the coming school year.

STUDENT INFORMATION

Name _____ Year of entrance _____
 Gender Male Female Birthdate _____ Grade upon entrance _____
 Address _____ Home Phone _____
 City _____ State _____ Zip _____
 Religion _____ Parish _____ Is the child baptized Yes No

FAMILY INFORMATION

Student lives with: Both Parents Father only Mother only
 Guardian Father/Stepmother Mother/Stepfather

Father **Stepfather** **Guardian** (relationship _____)
 Full Name _____ Religion _____
 Employer _____ Position _____
 Work Address _____ Work Phone _____
 Cell Phone _____ Email _____

Mother **Stepmother** **Guardian** (relationship _____)
 Full Name _____ Religion _____
 Employer _____ Position _____
 Work Address _____ Work Phone _____
 Cell Phone _____ Email _____

List name/address/telephone/fax of previous preschool/school:

Name _____ Phone _____
 Address _____ Fax # _____
 City _____ State _____ Zip _____
 Reason for transfer: _____

1. Briefly explain the reasons you wish your child to be educated at St. Vincent De Paul Dual Immersion School. _____

2. Please tell about your child. Include any information on student learning needs or health related issues. _____

3. How did you hear about St. Vincent De Paul Dual Immersion School?

Current family Print advertising Website Reader board Other

Parent Signature _____ Date _____

For Office Use Only:

Date application received: _____ Time application received: _____
 Assessment/Shadow date: _____ Confirmed with teacher: Yes No
 Enrollment offered: Yes No Date: _____ Letter Verbal Email
 Family Action: Accepted Declined Date: _____ By: _____