



SAINT VINCENT SCHOOL

Sponsored by The Daughters of Charity of St. Vincent de Paul

2333 S. Figueroa Street • Los Angeles, CA. 90007. Office: (213)748-5367. www.stvincentla.net

Student Interest Form

Date: ___/___/___

Father's Last Name: _____ First Name: _____

Work # : (_____) _____ Cell # : (_____) _____ Email: _____

Mother's Last Name: _____ First Name: _____

Work # : (_____) _____ Cell # : (_____) _____ Email: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Preferred time to be contacted: _____ am pm

1. **Child's Last Name:** _____ **First Name:** _____ **Birth Date:** ___/___/___

School currently attending: _____ Grade 2015/2016 school year: _____

2. **Child's Last Name:** _____ **First Name:** _____ **Birth Date:** ___/___/___

School currently attending: _____ Grade 2015/2016 school year: _____

Please list information for additional children on the back of this form.

Are you interested in financial assistance? Yes No

Are you a registered parishioner at Saint Vincent Church? Yes If yes, envelope #: _____ No

If not: Name of Parish: _____

How did you hear about Saint Vincent School? Yourself/Parish/Other Referred by St Vincent Parent

Who? Name: _____

Why have you chosen Saint Vincent School as an option for your child's education? _____

*"Nurturing faith, honoring abilities, and encouraging uniqueness
for more than 100 years."*