



St. Vincent de Paul Regional School
 5809 Main St.
 Mays Landing, NJ 08330

609.625.1565

Fax: 609.625.4703

www.svdprs.com

info@svdprs.com

2011-2012 Registration Form

Student Information

1 Student First	MI	Student Last	Grade	DOB
2 Student First	MI	Student Last	Grade	DOB
3 Student First	MI	Student Last	Grade	DOB
4 Student First	MI	Student Last	Grade	DOB

Parent Information

Father First & Last Name	Address & City	State	ZIP	Phone	Parish
Mother First & Last Name	Address & City	State	ZIP	Phone	Parish

Registration Fee

\$100 per student x _____ = _____
 Registration Fee Due

Amount Received	Date Received	Received By
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K-8 Tuition

1st Child **\$3,950** _____
 2nd Child **\$3,000** _____
 3rd + Child **\$2,500** x _____
 Non Catholic/Full **\$5,000** x _____

Tuition Subtotal

Financial Aid/Scholarships

Office Use Only

Tuition Assistance _____
 Scholarship _____
 Tuition Assistance/
 Scholarship Total _____

Tuition Subtotal

Tuition Assistance/
 Scholarship Total

Tuition Total

Parent/Guardian Signature

Date

Pre-K Tuition

Full Time **\$4,600** x _____
 Part Time **\$3,800** x _____

4yr Prgm
 3.5yr Prgm

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Schedule-
 Please indicate **F** for full day or **H** for half day in each box

Tuition Total

Parent/Guardian Signature

Date

Tuition Total