



Saint Vincent de Paul Regional School
 5809 Main Street
 Mays Landing, NJ 08330

609.625.1565

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www.svdprs.com

info@svdprs.com

Information Chart

| | | | |
|---|---------------------------|----------------------------------|--------------------------|
| Family Name | | Parish | |
| Child's First | MI | Last | Grade |
| Address | | City | Zip |
| Phone | Child's birthplace | | |
| Child's date of birth | | Preferred Name | |
| Family email address | | Parish | |
| Father's Info | | Mother's Info | |
| Name | Name | Name | Name |
| Email | Email | Email | Email |
| Address | Address | Address | Address |
| Home Phone | Home Phone | Home Phone | Home Phone |
| Cell Phone | Cell Phone | Cell Phone | Cell Phone |
| Place of Birth | Place of Birth | Place of Birth | Place of Birth |
| Religion | Religion | Religion | Religion |
| Occupation | Occupation | Occupation | Occupation |
| Child's Residence | | | |
| Child lives with.... (check one) | | Natural Parents | <input type="checkbox"/> |
| | | Mother | <input type="checkbox"/> |
| | | Father | <input type="checkbox"/> |
| | | Mother & Stepfather | <input type="checkbox"/> |
| | | Father & Stepmother | <input type="checkbox"/> |
| | | Other (explain) | <input type="checkbox"/> |
| Address: | | Telephone | |
| Do both parents live at the above address? | | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | If no, complete next box. | |

Child's Residence (cont.)

Father _____ Mother _____
 Is there joint custody of the child/children? Yes No

If YES, you must send a copy of the Court document into school. Legally, we must abide by all Court decisions.

Ethnic Background

Please check one: American Indian/Native American Hispanic Asian
 African American Caucasian Other
 Language spoken at home: _____
 Language child speaks: _____

Sacrament Information

| | Date | Church | City | State |
|------------------------|------|--------|------|-------|
| Baptism | | | | |
| Reconciliation | | | | |
| First Eucharist | | | | |
| Confirmation | | | | |

Sibling Information

| Name | Grade/Age | Current School |
|-------|-----------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Academic Information

In general, how would you evaluate your child's academic performance?

| | |
|-----------|--------------------------|
| Excellent | <input type="checkbox"/> |
| Good | <input type="checkbox"/> |
| Average | <input type="checkbox"/> |
| Poor | <input type="checkbox"/> |

Comments _____

Has a child study team or psychologist ever evaluated your child? Yes No

If yes, please explain the type of condition your child exhibits _____

In general, how do you rate your child's overall emotional/social behavior?

| | |
|----------------|--------------------------|
| Good | <input type="checkbox"/> |
| Satisfactory | <input type="checkbox"/> |
| Unsatisfactory | <input type="checkbox"/> |

Does your child take any medication on a regular basis? Yes No

If yes, please list: _____

Administrative Information

To whom should school mail be addressed? Name

Address

City State Zip

Do you anticipate that your child/children will attend St. Vincent de Paul School from present through eighth grade?

| | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

If you were planning to send your next youngest child to St. Vincent's, in what year would he/she start school?

If your child is transferring, please name the school he/she is coming from.

Please state the reason you chose St. Vincent's.

Township/School District where you pay taxes:

How did you hear about St. Vincent's? (Mailing, Brochure, Billboard, Word of Mouth etc.)