

St. Vincent de Paul School
Seward, Nebraska
Admission Form

Date _____

Please print

Are you registered in St. Vincent's parish? yes no Which parish? _____

Grade entering _____

Child's Name _____

Place & Date of Birth

Last	First	Middle
_____	_____	_____

City	State	Month	Day	Year
_____	_____	_____	_____	_____

Email Address _____ Address _____

Phone _____ Cell Phone _____

Residing with _____

Name	Address	Phone
_____	_____	_____

Family Data: (circle all that apply) Living with both parents Mother only Father only Legal Guardian

Stepmother Stepfather Mother and Stepfather Father and Stepmother other _____

(In case of a divorce, please provide the School with a copy of the custodial agreement.)

School District (Check one) Seward Milford Other/Name _____

School last attended (if applicable) _____

Name	Location
_____	_____

Reason for transferring (if applicable) _____

Baptism	First Holy Communion	Brothers/Sisters
_____	_____	_____

Date	Name	Age
_____	_____	_____

Church	Name	Age
_____	_____	_____

City	Name	Age
_____	_____	_____

Family Data

Father or Guardian Name _____

Mother or Guardian Name _____

Address _____

Religion Living Deceased

Language(s) spoken at home _____

Child's significant health factors _____

Others significant family data _____