



St. Vincent DePaul Catholic School

4321 Espy Avenue
Long Beach, MS 39560

228-222-6000 228-222-6003 (Fax)
www.svdpcatholicsschool.org

Application for Admission

Applying for grade: (Circle one)

Date _____

Date of Birth: ____/____/____
Month/Day/Year

PK2-5 Full Days	PK3-5 Full Days	PK4-5 Full Days	K	1	2	3
PK2-5 Half Days	PK3-5 Half Days	PK4-5 Half Days		4	5	6

Full time applicants will be considered first

School Year Applying for: _____

Student Information:

Legal Name: _____ Male or Female
Last First Middle (circle one)

Home Address: _____
Number/Street City/State Zip

Mailing Address: _____
(If different from home address)

Home Phone Number: _____ Email Address _____

Place of Birth: _____ My Child is a US citizen? Yes/No (circle one)
City/State

Social Security Number: _____ - _____ - _____ Student's Religion: _____

Current Parish _____ Date/Location of Baptism _____

Date/Location of First Reconciliation _____ Date/Location of First Communion _____

Father (or Guardian) Legal Name: _____
Last First Middle

Address: _____
Number/ Street City/State Zip

Home Phone Number: _____ Cell or Work Phone Number: _____

Did father attend Catholic School? _____ Name of School: _____ City/State: _____

Mother (or Guardian): Legal Name: _____
Last First Middle

Address: _____
Number/ Street City/State Zip

Home Phone Number: _____ Cell or Work Phone Number: _____

Did mother attend Catholic School? _____ Name of School: _____ City/State: _____

Other Information (Records will be requested directly by St. Vincent DePaul School. Please make sure to include

Full contact information.) Name of Last School Attended _____

Former School Address _____ Telephone _____

Important note regarding records:

Please attach documentation regarding any learning differences or difficulties your child may have experienced. For example, report cards, letter from parent giving an explanation, any testing results and or special service records (speech, language, supplemental instruction) for which your child has participated.

Siblings

Name	Age	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about St. Vincent DePaul School? _____

Why are you interested in having your child attend St. Vincent DePaul School? _____

Are you interested in enrolling your child through sixth grade? YES NO (circle choice)

Ethnic Background (for census information- please mark appropriate choices)

___ Native American Indian ___ Asian ___ Black/African-American ___ White/Caucasian
___ Pacific Islander/Hawaiian ___ Hispanic ___ Other

Home Conditions (please mark appropriate choices)

___ Lives with both parents ___ Lives with father only ___ Lives with mother only
___ Lives with stepfather ___ Lives with stepmother ___ Lives with guardian

For Catholic Children ONLY:

Present Parish _____ City _____

Date of Baptism _____ Parish _____

Date of First Reconciliation _____ Parish _____

Date of First Communion _____ Parish _____

For Non-Catholic Children:

Religion _____ Church _____ City _____

*****St. Vincent DePaul School is a Mississippi School, which welcomes applications from students from all faiths and does not discriminate on the basis of race, sex, or ethnic and national origin. This application is not binding upon the applicant or the school. If your child is accepted, you will be notified verbally in person, by phone or mail of this acceptance.**
