



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

609.625.1565

Fax: 609.625.4703

www.svdprs.com

## 2024-2025 New Student/Family Application

### Student Information

1. Student First \_\_\_\_\_ MI \_\_\_\_\_ Student Last \_\_\_\_\_ Grade \_\_\_\_\_ PREK 3 OR 4 \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(ADDRESS) (CITY, STATE, ZIP)

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PUBLIC SCHOOL DISTRICT: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

RELIGION: \_\_\_\_\_ PARISH: \_\_\_\_\_

HISPANIC: \_\_\_\_\_ NON-HISPANIC: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

2. Student First \_\_\_\_\_ MI \_\_\_\_\_ Student Last \_\_\_\_\_ Grade \_\_\_\_\_ PREK 3 OR 4 \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PUBLIC SCHOOL DISTRICT: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

RELIGION: \_\_\_\_\_ PARISH: \_\_\_\_\_

HISPANIC: \_\_\_\_\_ NON-HISPANIC: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

3. Student First \_\_\_\_\_ MI \_\_\_\_\_ Student Last \_\_\_\_\_ Grade \_\_\_\_\_ PREK 3 OR 4 \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PUBLIC SCHOOL DISTRICT: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

RELIGION: \_\_\_\_\_ PARISH: \_\_\_\_\_

HISPANIC: \_\_\_\_\_ NON-HISPANIC: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

### Parent / Guardian (1) Information:

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(ADDRESS) (CITY, STATE, ZIP)

HOME TELEPHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

POSITION/JOB TITLE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_  
(ADDRESS) (CITY, STATE, ZIP)

ST. VINCENT DE PAUL ALUMNI: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

RELIGION: \_\_\_\_\_ PARISH: \_\_\_\_\_



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**Parent / Guardian (2) Information:**

**NAME:** \_\_\_\_\_ **RELATIONSHIP TO CHILD:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(ADDRESS) (CITY, STATE, ZIP)

**HOME TELEPHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_

**POSITION/JOB TITLE:** \_\_\_\_\_ **WORK TELEPHONE:** \_\_\_\_\_

**EMPLOYER ADDRESS:** \_\_\_\_\_  
(ADDRESS) (CITY, STATE, ZIP)

**ST. VINCENT DE PAUL ALUMNI:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** **GRADUATION YEAR:** \_\_\_\_\_

**RELIGION:** \_\_\_\_\_ **PARISH:** \_\_\_\_\_

**Step-Parent Information:**

**NAME:** \_\_\_\_\_ **RELATIONSHIP TO CHILD:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(ADDRESS) (CITY, STATE, ZIP)

**NAME:** \_\_\_\_\_ **RELATIONSHIP TO CHILD:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(ADDRESS) (CITY, STATE, ZIP)

**Additional Parent/Guardian Information:**

**CHILD/ren RESIDES WITH: BOTH PARENTS** \_\_\_\_\_ **MOTHER:** \_\_\_\_\_ **FATHER:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_  
**IF OTHER RELATIONSHIP TO CHILD:** \_\_\_\_\_

**IS THERE JOINT CUSTODY OF THE CHILD/CHILDREN?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**  
**If YES, you MUST send a copy of the Court documentation into school. Legally we must abide by court all court decisions.**

**PARENTS ARE:**

\_\_\_\_\_ **MARRIED** \_\_\_\_\_ **DIVORCED** \_\_\_\_\_ **SEPARATED** \_\_\_\_\_ **MOTHER REMARRIED**

\_\_\_\_\_ **FATHER REMARRIED** \_\_\_\_\_ **MOTHER DECEASED** \_\_\_\_\_ **FATHER DECEASED**

**Sacramental Information:** (where applicable):

Sacrament	Child Name	Date	Church	City	State
Baptism					
First Holy Communion					
Confirmation					



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**FOR FEDERAL AND STATE REPORT USE ONLY:**

Please indicate your child's ethnic group by circling the appropriate letter and sign below:

**A - Asian**

**B - Black / African American**

**H - Hispanic or Latino**

**I - American Indian or Alaska Native**

**M - Multi-Racial**

**W - White**

**P - Native Hawaiian other Pacific Islander**

1. What language did your child learn to speak first? Please mark correct box.

English  Spanish  French  Cantonese  Vietnamese

Hindi  Creole

2. Nationality: \_\_\_\_\_

3. What language is spoken in your home most of the time?

\_\_\_\_\_

4. In what language do you (parent/guardian) read and write?

\_\_\_\_\_

5. In what language does your child read and write?

\_\_\_\_\_

6. In what Country was your child born? \_\_\_\_\_

7. If other than the United States, what year did your child come to the United States? \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



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**Additional Household Information:**

**SIBLINGS INFORMATION:**

St. Vincent de Paul Regional School not only registers a student, we welcome the entire family into our community. Kindly provide the following information.

**Sibling Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **School (if applicable)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACADEMIC INFORMATION:**

For grades K through 8, school last attended: \_\_\_\_\_ City/State \_\_\_\_\_

\_\_\_\_\_

What will the means of transportation to and from school? \_\_\_\_\_

Does your child require any special service or have special needs? \_\_\_\_\_

\_\_\_\_\_

Has your child been evaluated by a specialist of a Child Study Team? \_\_\_\_\_ Yes \_\_\_\_\_ NO

If yes please explain: \_\_\_\_\_

**MISCELLANEOUS INFORMATION:**

How did you hear about St. Vincent de Paul Regional School? \_\_\_\_\_

\_\_\_\_\_

Why do you wish to enroll your child in St. Vincent de Paul? \_\_\_\_\_

\_\_\_\_\_

***Mission Statement***

*St. Vincent de Paul Regional School is a faith-filled, family centered community. True to our Catholic tradition, children learn to serve other. Our rigorous academics prepare our students to become effective leaders in an ever changing global society.*