



St. Vincent DePaul Catholic School

4321 Espy Avenue
Long Beach, MS 39560

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

Family Registration Form 2017-2018

Family Name: _____

Child(ren): Full Name	Grade	If PreK, List Days Attending:(M-F)(M,W,F)or(Tu,Th)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Marital Status of Parents: (circle one) Married Divorced Single Remarried

Guardianship of Children: (circle one) Parents Mother Father Grandparents Joint Custody Other _____

(A Certified copy of a Custody Decree will need to be on file where applicable.)

Parent 1: Last Name _____ **First** _____ **Middle** _____

Home/Mailing Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell: _____ Email: _____

Employer: _____ Telephone: _____

Religious Affiliation: _____ Church Name/Location: _____

Parent 2: Last Name _____ **First** _____ **Middle** _____

*** Complete only if different from Parent 1.*

Home/Mailing Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell: _____ Email: _____

Employer: _____ Telephone: _____

Religious Affiliation: _____ Church Name/Location: _____

EMERGENCY CONTACTS AUTHORIZED TO PICK UP MY CHILD(REN) (Other than Parents)

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

MAY NOT PICK UP CHILD (REN): _____

MEDICAL

Family Doctor: _____ Phone: _____

Preferred Hospital: _____

Are there any medical conditions, allergies, etc... of which the school should be aware? YES/NO

If YES, please list the student(s) name(s) and health concerns: _____

Has/have the student(s) ever been the subject of or threatened with expulsion, suspension, alternative schooling, or disciplinary measures? YES/NO If YES, please explain: _____

Has/Have the student(s) ever been charged with a crime? YES/NO If YES, please explain: _____

Misrepresentations:

Educating your child at St. Vincent DePaul Catholic School is based upon an agreement between the school and parents. The school agrees to provide educational services in exchange for the parents' payment of tuition/costs and their promise to abide by policies, procedures and rules of the school. The information provided on this form induces the school to enter into this agreement, therefore any misrepresentation, inaccuracy in the information provided herein, when discovered, may be grounds, in the sole discretion of the school, for subsequent removal of the student(s) from the school and the termination of the agreement.

Parent Signature _____ Date _____