

St. Vincent Ferrer — School—

PreK 3 - 8th Grade Catholic Education in the Dominican Tradition

Where Greatness Begins

2023-2024 Application for Admission and Registration

Documents Required for Admission:

Application
☐ Copy of child's birth certificate
Copy of child's baptismal certificate (if applicable)
☐ Copy of child's medical forms (see Medical Paperwork Requirement)
Non- Refundable Registration fee of \$150 per child
(For Office Use) Cash/ Check # Amount \$
Transfer students (Kindergarten- 8th Grade) also need the following:
☐ Two most recent report cards from previous school
☐ Records release form
☐ Meeting with the Principal
☐ Shadow Day recommended for students in second grade and above

Grade	Medical Paperwork Requirement
Preschool 3 Year Old	Physical/Immunization Form
Junior Kindergarten	Physical/Immunization Form
Kindergarten	Physical/Immunization Form, Dental Form, Eye Exam Form
2nd Grade	Dental Form
6th Grade	Physical, Immunization Form, Dental Form
New Students Grades 1-8	Physical/Immunization Form, Dental Form, Eye Exam Form

I give permission for my child(ren)'s name and picture(s) to appear in any print/media releases (School/Parish publications example include the Bulletin, yearbook and community papers)

() Yes () No - If left blank it will be assumed that you give permission $\,$

I would like our name, address, phone number and email address in the school directory.

() Yes () No - If left blank it will be assumed that you give permission

Family Information

Parent/Guardian:

Relationship to student(s):	
Last Name:	First Name:
Occupation:	Employer:
Home Address:	City/State/ Zip:
Home Phone:	Email:
Mobile Phone:	Student(s) reside(s) with: (Yes/No)

Parent/Guardian:

Relationship to student(s):	
Last Name:	First Name:
Occupation:	Employer:
Home Address:	City/State/Zip:
Home Phone:	Email:
Mobile Phone:	Student(s) reside(s) with: (Yes/No)

Parishioner Status:

St. Vincent Ferrer Parishioner?	Yes	No	Envelope Number:
Do you worship elsewhere?	Yes	No	If so, where?

Referral:

How did you hear about St. Vincent Ferrer School?

New Student Information

Last Name:	
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First Name:	Middle Name:	
Date of Birth:	Gender: Male	Female
Religion:	Baptismal Date/Church:	
Hispanic/Latino? Yes No		
Race (circle): American Indian Black	/African American	White/Caucasin
Asian Native	e Hawaiian/Pacific Islander	Two or More Races
Language(s) spoken at home:		
Does your child have any medical concern planning for his/her educational program		ecount when
Please list any schools your child has atte	ended in the past two years:	
Has your child ever received any education	nal support or therapy?	Yes No
Does your child have a current Individual (please include any applicable paperwork)		? Yes No
Does your child have any allergies?		Yes No
(please include any applicable paperwork)		
St. Vincent Ferrer School does not discrimina	te on the basis of sex, race, color,	or national origin in

St. Vincent Ferrer School does not discriminate on the basis of sex, race, color, or national origin in the administration for admission or educational policies, financial aid, or other school-related activities. Demographic information (i.e. race) is requested for archdiocesan reporting purposes. It is not used in the admission decision.

Child's Name:
Applying for Grade:

Child's Name:
Early Childhood Please Check an Option: Please note the following deadlines to make changes in Program Offerings for PreK3 and Junior Kindergarten Programs: August 15th to change prior to first day of school October 1st to change once school year has started January 2nd last opportunity to make change for academic year
Three-Year Old Preschool (must be 3 years old by September 1 st , 2023) PreK3 Program Offerings: ☐ Five Half Days (Monday- Friday) 8:00AM- 12:00PM ☐ Five Full Days (Monday- Friday) 8:00AM- 3:00PM
Junior Kindergarten (must be 4 years old by September 1 st , 2023) JK Program Offerings: □ Five Half Days (Monday- Friday) 8:00AM- 12:00PM □ Five Full Days (Monday- Friday) 8:00AM- 3:00PM

New Student Information

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First Name:	Middle Name:	
Date of Birth:	Gender: Male	Female
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Race (circle): American Indian Black	/African American	White/Caucasin
Asian Native	e Hawaiian/Pacific Islander	Two or More Races
Language(s) spoken at home:		
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Has your child ever received any education	onal support or therapy?	Yes No
Does your child have a current Individua	lized Student Plan, IEP, or 50	4? Yes No
(please include any applicable paperwork)	
Does your child have any allergies?		Yes No
(please include any applicable paperwork)	

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