



**St. Vincent de Paul Regional School**

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Mays Landing, NJ 08330

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**2020-21 REGISTRATION FORM**

**STUDENT INFORMATION:**

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

- **If you are registering your child for the Pre-K Program, please indicate below if it will be on full-time or part-time basis: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ (3 full days or 5 half days)**
- **Tuition Assistance is not available for preschool students**

**PARENT/GUARDIAN INFORMATION:**

PARENT/GUARDIAN NAME - 1 \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT/GUARDIAN NAME - 2 \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

MOTHER EMAIL ADDRESS \_\_\_\_\_ FATHER EMAIL ADDRESS \_\_\_\_\_

PARISH \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_

**IF YOU HAVE A CHILD NOT CURRENTLY ENROLLED IN OUR SCHOOL, PLEASE PROVIDE THEIR INFORMATION BELOW:**

**ADDITIONAL CHILDREN LIVING IN THE HOME:**

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**X**

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

**DATE** \_\_\_\_\_

**\*Registration fees are non-refundable**

**OFFICE USE ONLY**

**REGISTRATION FEES\***

\$100.00 (per student) X \_\_\_\_\_ =

REGISTRATION FEE DUE

AMOUNT RECEIVED \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

RECEIVED BY \_\_\_\_\_