



REGISTRATION FORM

PLEASE COMPLETE FULLY AND PRINT CLEARLY.

DATE: _____

GRADE LEVEL (circle one): 9 10 11 12 Student's Social Security#: _____

STUDENT'S NAME: _____
Last First Middle

STUDENT'S ADDRESS: _____
Street Apt.# City State Zip

STUDENT'S HOME TEL.#: _____ STUDENT'S CELL#: _____

STUDENT'S DATE OF BIRTH: _____ STUDENT'S PLACE OF BIRTH: _____

IS STUDENT A U.S. CITIZEN? YES ___ NO ___ IF NO, COUNTRY OF CITIZENSHIP: _____

LANGUAGE(S) SPOKEN MOST FREQUENTLY AT HOME: _____

LOCAL PARISH: _____ RELIGION: _____

ELEMENTARY SCHOOL AND ADDRESS: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____
First Last First Last

FATHER'S OCCUPATION: _____ MOTHER'S OCCUPATION: _____

NAME OF COMPANY: _____ NAME OF COMPANY: _____

BUSINESS PHONE: _____ BUSINESS PHONE: _____

FAMILY E-MAIL: _____

IF A PARENT'S ADDRESS DIFFERS FROM THE STUDENT'S ADDRESS ABOVE, PLEASE PROVIDE DIFFERENT ADDRESS HERE:

PARENTS' ETHNIC ORIGIN (optional - for scholarship purposes only) MOTHER: _____ FATHER: _____

GUARDIAN (& relationship to student, if applicable): _____

CIRCLE WHERE APPROPRIATE

Father deceased Mother deceased Parents divorced Parents separated Mother remarried Father remarried

STUDENT RESIDES WITH (circle one) Both parents Mother Father Guardian Other _____

NAME OF PARENT/GUARDIAN RESPONSIBLE FOR TUITION PAYMENT (If address differs from student's, please provide it here):

PLEASE INDICATE THE NUMBER OF PEOPLE RESIDING IN HOUSEHOLD (including student): _____

PLEASE INDICATE THE NAMES AND AGES OF OTHER CHILDREN WHO ARE IN SCHOOL (including colleges):

NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____

HAVE YOU HAD ANY RELATIVES ATTEND SAINT VINCENT FERRER HIGH SCHOOL? IF SO, PLEASE LIST HERE:

NAME	RELATIONSHIP TO STUDENT	YEAR OF GRADUATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is my/our intention that my/our daughter _____ be enrolled as a student at Saint Vincent Ferrer High School. I/We agree to abide by the policies and procedures of the high school. I/We understand that the registration deposit and first month's tuition is non-refundable in the event that the situation changes and my/our daughter does not attend Saint Vincent Ferrer High School in September.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

EMERGENCY CONTACT SHEET



THE FOLLOWING INFORMATION WILL BE ACCESSED IN THE EVENT OF AN EMERGENCY
PLEASE COMPLETE **FULLY AND PRINT CLEARLY**. **DO NOT REPEAT NUMBERS.**

Date: _____

Student's Name:

_____ Last

_____ First

_____ Middle

Date of Birth: _____

E-mail: _____

*Student Cell: _____

*Important

ALL SCHOOL CORRESPONDENCE SHOULD BE ADDRESSED TO:

Name of Parents/
Guardian: _____

Street Address: _____

Apt: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Mother's
Name: _____

Father's
Name: _____

Cell #: _____

Cell #: _____

Work #: _____

Work #: _____

Other #: _____

Other #: _____

IN CASE OF EMERGENCY AND PARENT(S)/LEGAL GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

Name: _____ Relationship to student: _____

Cell #: _____ Work #: _____ Home #: _____

**PLEASE LIST ANY MEDICATION(S) TAKEN REGULARLY BY THE STUDENT
AND ANY MEDICAL CONDITION(S) WE SHOULD BE AWARE OF:**

Please notify the school office if any of this information needs to be updated.

It is important that we have accurate addresses and telephone numbers. Thank you for your cooperation!



FAMILY QUESTIONNAIRE

Please answer all questions and check only one box per question!

1. Household composition:
 One Parent Two Parents Guardian/Other
2. Number of people in household:
 2 3 4 5 6+
3. Number of people in household 18 or under:
 1 2 3 4 5+
4. Student's race (Other can be combination of any races or race not listed) - **ONLY CHECK 1 BOX:**
 White Hispanic Afr-Amer Asian Other
5. Check if born outside of the US:
 Mother Father Student
6. Primary language spoken at home:
 English Spanish Other
7. Highest educational level - mother:
 Some HS HS Diploma Some Coll. Coll. Deg. Grad. Deg.
8. Highest educational level - father:
 Some HS HS Diploma Some Coll. Coll. Deg. Grad. Deg.
9. Annual household income in 1000's:
 Under 20 20-40 40-60 60-80 80-100 100+
10. Number of income earners:
 1 Income 2 Income
11. Place of residence:
 Brooklyn Bronx Manhattan Queens S.I. Other
12. Sisters at Saint Vincent Ferrer:
 Sister currently attending Sister attended in the past
13. Computer/Internet Access:
 Own a computer Have Internet access



LANGUAGE DEPARTMENT SURVEY

ALL REGISTRANTS MUST FILL OUT THIS FORM AND SUBMIT IT TO THE LANGUAGE DEPARTMENT BEFORE LEAVING REGISTRATION

STUDENT'S NAME: _____ DATE: _____
Last First

1. What other language(s) is/are spoken at home? _____

2. If so, how well can you speak and write the language(s)?

_____ Speak: Very Well _____ Well _____ A Little _____

_____ Speak: Very Well _____ Well _____ A Little _____

3. Did you study a foreign language in the seventh and eighth grades? Yes _____ No _____

4. If so, which language? _____

5. How many times a week? _____

6. If you have taken Spanish or French, would you be willing to take a placement exam? Yes _____ No _____

7. Please circle the foreign language(s) you would like to study:

French

Spanish

PLACEMENT IN LANGUAGE WILL BE AT THE DISCRETION OF THE SCHOOL ADMINISTRATION AND THE LANGUAGE DEPARTMENT

Student's Signature

Date

Parent/Guardian's Signature

Date



SAINT VINCENT FERRER
ADMISSION DEPARTMENT
151 East 65th Street
New York, New York 10065

RELEASE OF RECORDS REQUEST

NAME & ADDRESS OF SCHOOL _____

PLEASE FORWARD ALL SCHOLASTIC/MEDICAL RECORDS, AND ANY OTHER PERTINENT DOCUMENTS TO:

SAINT VINCENT FERRER HIGH SCHOOL
151 EAST 65TH STREET
NEW YORK, NEW YORK 10065

STUDENT NAME: _____
Last First Middle

ADDRESS _____
Street City State Zip

TELEPHONE # _____

PERMISSION TO TRANSFER RECORDS IS GRANTED BY:

NAME OF PARENT/LEGAL GUARDIAN (*please print*) _____

sign above

ELEMENTARY SCHOOL ATTENDED

PLEASE LIST THE LAST SCHOOL YOU ATTENDED (*either Elementary or Middle School*).
IT IS IMPORTANT THAT THE NAME AND ADDRESS BE FULLY COMPLETED.

For public schools, please list the school name in addition to the school number.

STUDENT NAME: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

