



ST. PATRICK - ST. VINCENT HIGH SCHOOL

1500 Benicia Road, Vallejo, CA 94591 • (707) 644-4425 Ext. 448

APPLICATION FOR ADMISSIONS

Application Processing Fee \$40

Date _____ Applying for year 20 _____ Applying to Grade 9 _____ 10 _____ 11 _____

STUDENT INFORMATION:

Male _____ Female _____

Last Name First Name Middle Name

Address City State Zip

Home Phone Student Birth Date Student Birthplace

Preferred Parent Email Best Contact Phone Number

Check where appropriate:

____ Lives with both Parents ____ Lives with Mother ____ Lives with Father ____ Parents Divorced
____ Parents Separated ____ Mother deceased ____ Father deceased ____ Other
____ Lives with Guardians _____ Guardian Relationship

Current School Name Principal Name

School Address City State Zip

School Phone

Less than one year at current school? Yes _____ No _____

If Yes: Previous School Name Address City State Zip

Check where appropriate: ____ Asian ____ African-American ____ Caucasian ____ Filipino
____ Hispanic ____ American Indian/Alaska Native ____ Multiracial ____ Native Hawaiian/Pacific Island

Parish Name ____ Catholic ____ Non-Catholic

WORLD LANGUAGE SKILLS: (Please describe below any non-English language(s) spoken at home)

Language Spoken Read (% of Fluency) Write (% of Fluency) Speak (% of Fluency)

CORRESPONDENCE: How do you wish school correspondence to be addressed?

___ Mr. and Mrs.

___ Mrs. _____
First and Last Name

___ Mr. _____
Address (if other than home address)

___ Ms.

___ Other _____ City State Zip

MOTHER/GUARDIAN INFORMATION:

Mother's Name Profession/Position Preferred Email

Home Address City Zip Home Phone # Cell Phone #

Employer's Name Employer's Address Business Phone/Extension

FATHER/GUARDIAN INFORMATION:

Father's Name Profession/Position Preferred Email

Home Address City Zip Home Phone # Cell Phone #

Employer's Name Employer's Address Business Phone/Extension

SIBLING(S) INFORMATION:

First Name Last Name Current Grade School Name

First Name Last Name Current Grade School Name

First Name Last Name Current Grade School Name

RELATIVES WHO ATTEND OR HAVE ATTENDED ST. VINCENT HIGH SCHOOL,
ST. PATRICK HIGH SCHOOL OR ST. PATRICK-ST. VINCENT HIGH SCHOOL:

First Name Last Name Class of ___SV, SP, SPSV Relationship

First Name Last Name Class of ___SV, SP, SPSV Relationship

First Name Last Name Class of ___SV, SP, SPSV Relationship

First Name Last Name Class of ___SV, SP, SPSV Relationship

All information gathered confidentially with reference to your son/daughter's application will be used solely by the principal and the principal's delegates in the admissions process. By signing this application you authorized the release of academic records and test scores to St. Patrick-St. Vincent High School for the purpose of evaluating the application for admission. (only one signature is necessary.)

Signature and Date (Mother/Guardian)

Signature and Date (Father/Guardian)

