



**Please fill out this form for the safety of your student,
who attends the St. Vincent de Paul High School Ministry**

Name: _____ DOB: _____

Grade: _____ School: _____

Parent(s) Name(s): _____

Address: _____

City/State/Zip: _____

Student Phone #: _____ Parent Phone #: _____

Student Email: _____ Parent Email: _____

Sports/Activities: _____

Stewardship Interest: _____

Are you interested in receiving Flocknote reminders about LT Nights or special events? Yes ____ No ____

How would you like to receive your reminders? Text ____ E-mail ____

May your child receive text reminders about Life Teen Nights or special events? Yes ____ No ____

As a parent, are you interested in chaperoning any special youth events? Yes ____ No ____

For the protection of all children involved, our chaperones **must** be VIRTUS certified. Are you currently VIRTUS certified?
Yes ____ No ____

Are you willing to get VIRTUS certified? Yes ____ No ____

**Please return this completed form
to Shelby Wasinger in the parish office.**