Geibel Catholic High School

PRE-REGISTRATION FORM

OFFICE OF THE REGISTRAR
Saint Vincent College
Latrobe, Pennsylvania 15650-2690
724-537-4559

ID Number

Please complete all sections.

☐ FALL ☐ SPRING ☐ SUMMER 20____

☐ Check (✓) if new address:

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street or Route)

CITY _____ STATE_____ ZIP_____

TELEPHONE _____
(Day) (Evening)

SOCIAL SECURITY NUMBER_____

Please check one: ☐ DIVORCED ☐ MARRIED ☐ SINGLE ☐ WIDOWED

Please check one: ☐ FEMALE ☐ MALE

Are you Hispanic or Latino? ___ YES ___ NO
Select one or more of the following to describe your race:
____ American Indian or Alaska Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ White

ARE YOU A VETERAN? ☐ YES ☐ NO

DATE OF BIRTH _____

PLACE OF BIRTH _____

RELIGIOUS PREFERENCE_____
(Please indicate denomination)

I would like to explore a vocation to the religious life or priesthood. ____ YES ____ NO

Are you enrolling in (check one):
☐ DEGREE
☑ HIGH SCHOOL CREDIT PROGRAM
☐ NON DEGREE
☐ POST-BACCALAUREATE
☐ PRE-COLLEGE

HAVE YOU TAKEN COURSES AT SAINT VINCENT BEFORE?
☐ YES ☐ NO

IF SO, WHEN?_____

IF YOU ATTEND ANOTHER COLLEGE FULL TIME, WHAT IS ITS NAME?

SAINT VINCENT COLLEGE DOES NOT DISCRIMINATE AGAINST SEX, AGE, RACE, RELIGION OR CREED.

Course No. (e.g. BA 100)	Section No.	Title	Credit Hours	Days	Time	Instructor	Pass/ Fail*	Audit*

Academic Seal _____ Total Hours

* Enter a check (✓) in these columns if you wish to take the course for the Pass/Fail or Audit options.

Current High School Class:
(Check one)

_____Junior

_____Senior

_____
Student's signature

_____
Advisor's signature

N.B. Registration is not completed until the first week of classes when the student receives Financial Clearance and I.D. card validation.

_____
Date