

STUDENT APPLICATION

Date: _____

Application Fee: Non-Refundable

Check# _____ Cash _____

Registration Fee: Non-Refundable

Check# _____ Cash _____



**ST. JOHN VIANNEY
CATHOLIC SCHOOL**

6200 S. Orange Blossom Trail
Orlando, FL 32809
Phone: 407-855-4660
Fax: 407-857-7932
Email: sjvs@sjvs.org

2012-2013

Entering Grade:		Family Name:	
Student's Legal Name:		Nickname:	
Home Address:		City:	State: Zip:
Date of Birth:	Place of Birth:	Religion:	Gender:
Previous/Current School Attended:			Grade:
Student's Family Status: (Please check any that apply)			
<input type="checkbox"/> Student lives with parents	<input type="checkbox"/> Parents separated	<input type="checkbox"/> Father deceased	
<input type="checkbox"/> Student lives with mother	<input type="checkbox"/> Parents divorced	<input type="checkbox"/> Mother deceased	
<input type="checkbox"/> Student lives with father	<input type="checkbox"/> Parents remarried - Stepparent's name:		
<input type="checkbox"/> Student lives with guardian – Name of spouse of guardian:			
Student's Predominant Ethnic Background:			
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other
Student's Sacraments:			
Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No
		First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Information:			
Father's Full Legal Name:		Father's Cell Phone:	
Father's Address:		City:	State: Zip:
Home Phone:	Employer:	Work Phone:	
Father's Religion:		Father's Parish:	Father's Email:
If Father will be volunteering the following items will be needed:			
<input type="checkbox"/> Diocesan Fingerprinting Completed		<input type="checkbox"/> Diocesan Safe Training Completed - Online Test	
Mother's Full Legal Name:		Mother's Cell Phone:	
Mother's Address:		City:	State: Zip:
Home Phone:	Employer:	Work Phone:	
Mother's Religion:		Mother's Parish:	Mother's Email:
If Mother will be volunteering the following items will be needed:			
<input type="checkbox"/> Diocesan Fingerprinting Completed		<input type="checkbox"/> Diocesan Safe Training Completed - Online Test	
Does your child have any allergies or physical conditions which should be brought to our attention?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			
Has your child been identified as having a learning disability or other special need?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			

***Please note that your family address, home telephone number and email address will be published in the 2012-2013 Family Directory unless you exclude the information.**

Exclude All Information Exclude Address Exclude Phone Exclude E-mail

If you are applying for admittance, your child will be eligible for acceptance only after all information has been received and evaluated. Florida state law requires that all health information be up-to-date before a student is considered enrolled in school. A non-refundable registration fee per child is due upon acceptance.

Signature of Parent or Guardian

Date