

STUDENT APPLICATION

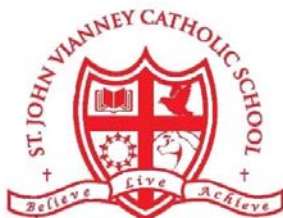
Date: _____

Application Fee: \$30.00 Non-Refundable

Check# _____ Cash _____

Registration Fee: \$125.00 Non-Refundable

Check# _____ Cash _____



Established 1962

A Nationally Recognized Blue Ribbon School

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

2011 - 2012

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 2010-2011 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