

St. John Vianney Catholic School



A Nationally Recognized Blue Ribbon School

Student Registration 2010-2011

Date: _____

Application Fee: \$30.00

Check _____ Cash _____

Date: _____

Registration Fee: \$125.00

**NON-REFUNDABLE
Due Upon Acceptance**

Check _____ Cash _____

Entering Grade:		Family Name:		
Student's Legal Name:		Nickname:		
Home Address:		City:	State:	Zip:
Date of Birth:	Place of Birth:	Religion:	Gender:	
Last School Attended:		Grade:		
School Address:		City:	State:	Zip:
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	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Native American	
<input type="checkbox"/> Black (African American)	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Pacific Island	<input type="checkbox"/> Other	
Student's Sacraments:				
Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Church:	Date:	
Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Church:	Date:	
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Church:	Date:	
In Case of Emergency (Local) Contacts: (Other than Mother and Father)				
Name:	Relationship:	Home Phone:	Work Phone:	Cell Phone:
Name:	Relationship:	Home Phone:	Work Phone:	Cell Phone:
Physician's Name	Office Phone:		Fax Number:	

Does your child have any allergies or physical conditions which should be brought to our attention?

Yes No If Yes, please explain: _____

Has your child been identified as having a learning disability or other special need?

Yes No If Yes, please explain: _____

Signature of Parent or Guardian

Date