



Academic Excellence in a Community of Faith

<b>FOR OFFICE USE ONLY</b>
Date/Time Rec'd _____
Category Ranking _____
Interview Date _____
Remarks _____
Registration _____
Tuition _____

**APPLICATION FOR ADMISSION**  
2012 – 2013 School Year

**GRADE LEVEL APPLYING FOR:** \_\_\_\_\_

**Applications will not be accepted unless copies of the following are attached:**

Birth Certificate \_\_\_\_\_ Social Security Card \_\_\_\_\_ Baptism Certificate \_\_\_\_\_ Immunization Record (Up-to-date)  yes  no

Standardized Tests (from previous year) \_\_\_\_\_ Report Cards (from previous & current year) \_\_\_\_\_

**Applicant Information:**

_____	_____	_____	_____
First Name	Middle Name	Last Name	Goes By

_____	_____	_____
Current Address	City & State	Zip Code

Home Phone Number \_\_\_\_\_

Include in Directory:  yes  No

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender \_\_\_\_\_

Birth date (mm/dd/yyyy) \_\_\_\_\_ Race \_\_\_\_\_

Child No. \_\_\_\_\_ of \_\_\_\_\_ children Is a sibling currently enrolled at St. Jean Vianney School? \_\_\_\_\_

Please list any sibling(s) and grade(s) or other relatives enrolled at SJV in 2011-12 school year.

Religious Affiliation \_\_\_\_\_

Registered Church Parish \_\_\_\_\_

Geographical Church Parish (in which child lives) \_\_\_\_\_

Subdivision (in which child lives) \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Parents are: \_\_\_\_\_ Student resides with: \_\_\_\_\_

Are you considering Extended Care?  yes  no If yes: \_\_\_\_\_ (Morning) \_\_\_\_\_ (Afternoon) \_\_\_\_\_ (Both)

**Sacraments Received:** (Please include copy of all sacraments especially baptismal certificate.)

Church \_\_\_\_\_

City, State \_\_\_\_\_

Date \_\_\_\_\_

Baptism \_\_\_\_\_

Reconciliation \_\_\_\_\_

First Communion \_\_\_\_\_

**Previous Educational Information:** Please list any schools, with addresses, in which the applicant previously attended (including pre-school). Attach an additional list if needed.

Full Name of School

Address

Grade Level(s) Attended

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Participation in Parish Life** \_\_\_\_\_ SJV, St. Patrick, Immaculate Conception Parishioners \_\_\_\_\_ Other Parishes

As a parent(s) or guardian(s), I participate in the financial stewardship of St. Jean Vianney, St. Patrick, or Immaculate Conception church parish as an identified contributor as determined by the regular use of church envelopes in the Sunday collection. To be an identified contributor, a family must have contributed \$250 or more throughout the fiscal year ending 12/31/11. \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

As a parent(s) or guardian(s), I am actively involved in the ministries of my church parish in the following ways: (e.g., lector, Eucharistic ministry, PSR teacher, altar society, fair worker, talent stewardship, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list your current activities:

Comments: \_\_\_\_\_

As a Catholic parent(s) or guardian(s), I participate in the stewardship of prayer in my church parish by the weekly celebration of the Eucharist. Such participation is part of my obligation and privilege promised at my child's baptism to see that he/she practices the Catholic faith.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

If your child is currently in public school, has he/she attended the Parish School of Religion? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ # of years

Please briefly explain why you want your child to attend St. Jean Vianney School. \_\_\_\_\_

**Medical Information**

Has your child had an educational evaluation done? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please attach a copy of the evaluation.

Applicant's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_ Is child taking any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. \_\_\_\_\_

**Family Contact Information****CHILD'S NAME** \_\_\_\_\_**FATHER****First Name****Middle Initial****Last Name****Goes By**

\* Father's Current Address \_\_\_\_\_

City, State &amp; Zip Code \_\_\_\_\_

\* Father's Home Phone Number \_\_\_\_\_

\* Father's E-Mail Address \_\_\_\_\_

Father's Work Phone Number \_\_\_\_\_

Father's Cell Phone Number \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Father's Employer \_\_\_\_\_

Father's Registered Church Parish \_\_\_\_\_

Father's Religious Affiliation \_\_\_\_\_

\* Include this contact information in the school directory? \_\_\_\_\_ Yes \_\_\_\_\_ No Identified Stewardship Giver: \_\_\_\_\_ Yes \_\_\_\_\_ No**MOTHER****First Name****Middle Initial****Last Name****Goes By**

\* Mother's Current Address \_\_\_\_\_

City, State &amp; Zip Code \_\_\_\_\_

\* Mother's Home Phone Number \_\_\_\_\_

\* Mother's E-Mail Address \_\_\_\_\_

Mother's Work Phone Number \_\_\_\_\_

Mother's Cell Phone Number \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Mother's Registered Church Parish \_\_\_\_\_

Mother's Religious Affiliation \_\_\_\_\_

\* Include this contact information in the school directory? \_\_\_\_\_ Yes \_\_\_\_\_ No Identified Stewardship Giver: \_\_\_\_\_ Yes \_\_\_\_\_ No**STEPFATHER****First Name****Middle Initial****Last Name****Goes By**

\* Stepfather's Current Address \_\_\_\_\_

City, State &amp; Zip Code \_\_\_\_\_

\* Stepfather's Home Phone Number \_\_\_\_\_

\* Stepfather's E-Mail Address \_\_\_\_\_

Stepfather's Work Phone Number \_\_\_\_\_

Stepfather's Cell Phone Number \_\_\_\_\_

Stepfather's Occupation \_\_\_\_\_

Stepfather's Employer \_\_\_\_\_

Stepfather's Registered Church Parish \_\_\_\_\_

Stepfather's Religious Affiliation \_\_\_\_\_

\* Include this contact information in the school directory? \_\_\_\_\_ Yes \_\_\_\_\_ No Identified Stewardship Giver: \_\_\_\_\_ Yes \_\_\_\_\_ No

**STEPMOTHER**

**First Name**                      **Middle Initial**                      **Last Name**                      **Goes By**

\* Stepmother's Current Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

\* Stepmother's Home Phone Number \_\_\_\_\_ \* Stepmother's E-Mail Address \_\_\_\_\_

Stepmother's Work Phone Number \_\_\_\_\_ Stepmother's Cell Phone Number \_\_\_\_\_

Stepmother's Occupation \_\_\_\_\_ Stepmother's Employer \_\_\_\_\_

Stepmother's Registered Church Parish \_\_\_\_\_ Stepmother's Religious Affiliation \_\_\_\_\_

\* Include this contact information in the school directory? \_\_\_\_\_ Yes \_\_\_\_\_ No      Identified Stewardship Giver: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Person(s) responsible for tuition payment** \_\_\_\_\_

Current Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

**In case of illness or emergency during school hours, please list names and local phone numbers of persons the school office can contact if parents cannot be reached.**

Name/ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list any brothers and/ or sisters under the age of 13:

Name                      Date of Birth                      School Attending (2011-12)                      Grade (2011-12)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Have any siblings graduated from St. Jean Vianney School? If so, please list name(s) and year(s) graduated: \_\_\_\_\_

Are you [Applicant's parent(s)] a St. Jean Vianney School alumnus? If so, please list year graduated: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent Release**

I agree that any photographs, audio, video, artwork, or writings of or by my child may be used by St. Jean Vianney School and/or the Catholic Schools Office for the Diocese of Baton Rouge. I understand that the above medias may be used for instruction, teaching, advertising, public relations, published in newsletters and/or newspapers, and may appear on local television stations for our school or the Diocese of Baton Rouge.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_