



Academic Excellence in a Caring, Catholic Community of Faith

FOR OFFICE USE ONLY

Date/Time Rec'd _____
Interview Date _____
Accepted _____
Packet Mailed _____
Records Requested _____
Records Received _____
Paid Registration _____

APPLICATION FOR ADMISSION

GRADE LEVEL APPLYING FOR: _____ **SCHOOL YEAR APPLYING FOR:** _____

Applicant Information

Last Name First Name Middle Nickname

Date of Birth (mm/dd/yyyy) Gender Race Birth City and State

Religion Registered Church Parish

Father's Name Mother's Name

Parents are: married _____ divorced _____ only parent _____

Child No. _____ of _____ children

Please list any sibling(s) and age (s)

Copies of the following documents must be received in order to complete registration:

Birth Certificate _____ Baptism Certificate _____ Immunization Record (Up-to-date, sealed and signed) _____
Standardized Tests (from previous year) _____ Report Cards (from previous & current year) _____

Family Contact Information

FATHER

First Name	Middle Initial	Last Name	Goes By
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Father's Current Address

City, State & 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

MOTHER

First Name	Middle Initial	Last Name	Goes By
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Mother's Current Address

City, State & 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

STEPFATHER

First Name	Middle Initial	Last Name	Goes By
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Stepfather's Current Address

City, State & 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

STEPMOTHER

First Name	Middle Initial	Last Name	Goes By
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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

Person(s) responsible for tuition payment

Please check which option you will be using for tuition payment:

____ pay in full upfront cash/check

____ pay monthly/loan plan

____ ACE Scholarship

Sacraments Received (Please include copy of all sacraments especially Baptismal certificate.)

Church

City, State

Date

Baptism _____

First Communion _____

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

Does your child have any diagnosed medical conditions?

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. _____

MATERNAL GRANDPARENTS

First and Last Names

Current Address _____ City, State & Zip Code _____

Home Phone Number _____ E-Mail Addresses _____

Work Phone Numbers _____ Cell Phone Numbers _____

Occupations _____ Employer _____

PATERNAL GRANDPARENTS

First and Last Names

Current Address _____ City, State & Zip Code _____

Home Phone Number _____ E-Mail Addresses _____

Work Phone Numbers _____ Cell Phone Numbers _____

Occupations _____ Employers _____

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. _____

Has your child ever repeated a grade? Yes No

If so, please list which grade/grades: _____

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

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

How did you hear about SJV School? _____

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: _____