



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/Preferred Name

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)

Student's Primary Address (street, city, state, zip)

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
------------	----------------	-----------	---------

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
------------	----------------	-----------	---------

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
------------	----------------	-----------	---------

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
------------	----------------	-----------	---------

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: _____