



# St. John Vianney Catholic School CURRENT STUDENT REGISTRATION 2018-2019

Students must be registered annually. This process involves the scheduling of classes and the payment of a **non-refundable** registration fee. The registration fee is **\$100 for the first student** and a maximum of **\$150 per family** for a school year. Please make check payable to **St. John Vianney**.

## STUDENT INFORMATION

**STUDENT NAME (S)**

**GRADE FOR 2018-2019**


## PARENT INFORMATION

Check box if information below is to be used for billing, if not, please fill out billing info

**Parent Name:** \_\_\_\_\_

**Billing name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Billing address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Billing City/Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Billing E-mail:** \_\_\_\_\_

**2<sup>nd</sup> E-mail contact** \_\_\_\_\_

**Home ph#:** \_\_\_\_\_ **Cell ph#** \_\_\_\_\_

**Billing Home ph#** \_\_\_\_\_ **Cell ph#** \_\_\_\_\_

**Parish name:** \_\_\_\_\_

## SELECT A PAYMENT METHOD

**\*\*Tuition is paid over 12 months (June-May)**

I intend to pay tuition in full by June 1, 2018 (**registration fee is waived if you choose this option**)

I agree to set up my monthly payments (June-May) by electronic deduction by the 15<sup>th</sup> of each month through the SJVKids.org website.

I agree to make my payments on a monthly basis (June-May) by cash or check by the 5<sup>th</sup> of each month. I understand there is a \$10 monthly service fee for payments using this method.

**\*\* Must be signed below**

\_\_\_\_\_  
**Financially Responsible Parent signature**      **Date**

Amount paid \_\_\_\_\_  Cash     Check# \_\_\_\_\_  
Date Received \_\_\_\_\_

Every family will be required to volunteer at least 10 hours of service to the school, or pay the \$150 School Service Fee, or complete a combination of both. Hours must be completed no later than March 31, 2019.



**ST. JOHN VIANNEY CATHOLIC SCHOOL NEW FAMILY INFORMATION 2018-2019**

**STUDENT INFORMATION**

Students live with:  Father  Mother  Other - please specify \_\_\_\_\_

\_\_\_\_\_  
School District in Which Student(s) Reside

\_\_\_\_\_  
Closest Elementary School to Student's Home

**PARENT INFORMATION**

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

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

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

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

\_\_\_\_\_  
Father's Address

\_\_\_\_\_  
Mother's Address

\_\_\_\_\_  
Father's City, State, Zip  
( \_\_\_\_\_ )

\_\_\_\_\_  
Mother's City, State, Zip  
( \_\_\_\_\_ )

\_\_\_\_\_  
Father's Home/Cell Phone

\_\_\_\_\_  
Mother's Home/Cell Phone

\_\_\_\_\_  
Father's Email

\_\_\_\_\_  
Mother's Email

**GUARDIAN INFORMATION (if applicable)**

\_\_\_\_\_  
Guardian's Name

\_\_\_\_\_  
Guardian's Address

\_\_\_\_\_  
Guardian's Relationship to Student  
( \_\_\_\_\_ )

\_\_\_\_\_  
Guardian's City, State, Zip  
( \_\_\_\_\_ )

\_\_\_\_\_  
Guardian's Email

\_\_\_\_\_  
Guardian's Home/Cell Phone

**BILLING INFORMATION:** Responsible Billing Party:  Father  Mother  Guardian  Other - please specify

\_\_\_\_\_

STUDENT REGISTRATION INFORMATION 2018-2019

**SELECT A PAYMENT METHOD**

**\*\*Tuition is paid over 12 months (June-May)**

**REGISTRATION FEE:**

**\$100 First Student or \$150 per Family**

I intend to pay tuition in full by June 1, 2018  
**(registration fee is waived if you choose this option)**

Amount paid \_\_\_\_\_  Cash  Check# \_\_\_\_\_

I agree to set up my monthly payments by automatic deduction before by 15<sup>th</sup> of each month. (June-May).

Date Received \_\_\_\_\_

**\*\* Must be signed below**

I agree to make my payments on a monthly basis by cash or check by the 5<sup>th</sup> of each month. I understand there is a \$10 monthly service fee for payments using this method. (June-May)

\_\_\_\_\_  
**(Financially Responsible Parent signature)      Date**

Referred to St. John Vianney Catholic School by:  
\_\_\_\_\_

**Student #1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Goes by \_\_\_\_\_ Social Security No. \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade 2018-19 \_\_\_ Sex M F Race \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Name of Registered Member \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_

Allergies \_\_\_\_\_ Place of Birth \_\_\_\_\_

Last School Attended \_\_\_\_\_

Has your child ever received or been evaluated for Special Services (Speech and Language, Resource Room, Social Work, Occupational Therapy, etc.)      Yes      No

## Student #2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Goes by \_\_\_\_\_ Social Security No. \_\_\_\_\_ Age \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade 2018-19 \_\_\_ Sex M F Race \_\_\_\_\_  
Church Affiliation \_\_\_\_\_ Name of Registered Member \_\_\_\_\_  
Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_  
Allergies \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Last School Attended \_\_\_\_\_

Has your child ever received or been evaluated for Special Services (Speech and Language, Resource Room, Social Work, Occupational Therapy, etc.) Yes No

## Student #3

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Goes by \_\_\_\_\_ Social Security No. \_\_\_\_\_ Age \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade 2018-19 \_\_\_ Sex M F Race \_\_\_\_\_  
Church Affiliation \_\_\_\_\_ Name of Registered Member \_\_\_\_\_  
Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_  
Allergies \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Last School Attended \_\_\_\_\_

Has your child ever received or been evaluated for Special Services (Speech and Language, Resource Room, Social Work, Occupational Therapy, etc.) Yes No