



ST. JOHN VIANNEY CATHOLIC SCHOOL FAMILY INFORMATION 2019-2020

STUDENT INFORMATION

Student(s) 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 _____

SELECT A PAYMENT METHOD

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

[] I intend to pay tuition in full by June 1, 2019 (registration fee is waived if you choose this option)

[] I agree to set up my monthly payments by automatic deduction before by 15th of each month. (June, 2019-May, 2020).

[] I agree to make my payments on a monthly basis by cash or check by the 5th of each month. I understand there is a \$10 monthly service fee for payments using this method.(June,2019-May,2020)

REGISTRATION FEE:

\$100 First Student or \$150 per Family

Amount paid _____ [] Cash [] Check# _____

Date Received _____

** Must be signed below

Financially Responsible Parent signature _____ Date _____

Referred to St. John Vianney Catholic School by: _____

Please see other side. [Blue arrow pointing right]

STUDENT REGISTRATION INFORMATION 2019-2020

Student #1

Last Name _____ First Name _____ Middle Name _____
Goes by _____ Social Security No. _____ Age _____
Birthdate _____ Grade 2019-2020 _____ 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 _____ Middle Name _____
Goes by _____ Social Security No. _____ Age _____
Birthdate _____ Grade 2019-2020 _____ 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

Please see other side.

