

REGISTRATION FOR GRADE 1 & NEW STUDENTS 2010 -2011
ST. JOHN VIANNEY PARISH SCHOOL OF RELIGION (Gr. 1-8)
DO NOT REGISTER CHILDREN WHO WILL BE IN KINDERGARTEN IN 2010-2011 ON THIS FORM!

CHILD'S NAME: _____
Last First

FAMILY NAME: _____
Family Name Father Mother (First/Maiden)

ADDRESS: _____
Street City Zip

PHONE: (Home) _____ (Work) Mother: _____ Father: _____

CHILD'S BIRTHDAY: _____ BIRTHPLACE: _____
Month Day Year City/State

CHILD LIVES WITH: _____

CUSTODIAL PARENT: _____

RELIGION OF MOTHER: _____ FATHER: _____

CHILD'S CHURCH OF BAPTISM: _____ DATE: _____
Church City/State

****Please attach COPY of Baptismal Certificate***

CHILD'S RECONCILIATION: _____ DATE: _____
(Penance) Church City/State

CHILD'S FIRST COMMUNION: _____ DATE: _____
Church City/State

CHILD'S CONFIRMATION: _____ DATE: _____
Church City/State

PUBLIC SCHOOL: _____ GRADE IN 2010-11: _____

SPECIAL CIRCUMSTANCES: (i.e. attention deficit, learning disabled, asthma, allergies, illnesses, etc.)

Are you a registered member of St. John Vianney: ____yes ____no

If no, indicate parish: _____