



Saint John Vianney Catholic School

"Inspired by Faith, Driven by Excellence"

501 North Water Avenue
Gallatin, TN 37066
Phone: 615-230-7048
www.saintjohnvianney.org

Applications must include the following to be processed:

- A nonrefundable application fee of \$100.00 along with photo of child
- Student Information Questionnaire
- A copy of the child's official birth certificate, social security card and baptismal certificate
- A copy of the most recent report card and a copy of any standardized test scores for grades 1 – 8
- A copy of psychological testing, if applicable
- Signed Subsidy Card required for those seeking the subsidized rate.

STUDENT APPLICATION

Last Name First Name Middle Name to be called in school

Street Address

City State Zip

Date of Birth City/State of Birth Sex Religion

Ethnic Group

If Catholic, registered member of _____ (name of parish)

Grade for which you are applying (PK – 8): _____ School Year _____ Date of application: _____

If applying for Pre-K, will it be full or part-time? _____

Name of person completing this application _____

FATHER'S INFORMATION

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Last Name	First Name	Middle Initial
<hr/>		
Street Address	City/State/Zip	
<hr/>		
Home Phone	Cell Phone	
<hr/>		
Email Address _____		
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Occupation	Business Name	Business Phone
<hr/>		
Religion		

MOTHER'S INFORMATION

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Last Name	First Name	Middle Initial
<hr/>		
Street Address	City/State/Zip	
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Home Phone	Cell Phone	
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Email Address _____		
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Occupation	Business Name	Business Phone
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Religion		

SACRAMENTAL INFORMATION FOR CATHOLIC APPLICANTS

Date of Baptism	Church	City and State
Date of First Penance	Church	City and State
Date of First Communion	Church	City and State
Date of Confirmation	Church	City and State

EDUCATIONAL INFORMATION

Current School _____
Address _____

Does your child have any **PHYSICAL DISABILITIES** of which you are aware? Yes No
If yes, please explain: _____

Does your child have any **LEARNING DISABILITIES** of which you are aware? Yes No
Do you **SUSPECT** any disability? Yes No
If yes, please explain: _____

Has your child been treated by a psychiatrist, psychologist, or counselor? Yes No

Is your child on any type of medication? Yes No If yes, please list:

Medical Problem	Name of Medication	Dosage
_____	_____	_____
_____	_____	_____

Has student ever attended Saint John Vianney School? Yes No If yes, what year? _____
Has student ever repeated a grade? Yes No If yes, what grade? _____
Has student been suspended or expelled from another school? Yes No
Have you applied to other schools? Yes No If yes, name of schools _____

Is there additional information you would like to communicate concerning your child?

Although we attempt to meet the needs of each student, we are not equipped to teach students with severe learning or physical disabilities. In the event that we cannot adequately meet your child's needs, we will notify you. Please supply any pertinent, past or present, medical, social/emotional, or psychological information which may impact our ability to provide for your child's special needs.

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>School Attending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is applicant living with both parents? Yes No

If not, with whom does applicant live? _____

Relationship _____

Full Name of step-parent or guardian _____

Please note any siblings who have graduated from Saint John Vianney School:

Name

Class Year

Parent Alumni of St. John Vianney? _____ If yes, what year _____

SIGNATURE OF PARENT/GUARDIAN _____