

“Inspired by Faith, Driven by Excellence”



Saint John Vianney Catholic School

501 North Water Avenue
Gallatin, TN 37066
Phone: (615) 230-7048
Fax: (615) 206-9839
saintjohnvianney.org

STUDENT INFORMATION

Last Name First Name Middle Name to be called in school

Street Address

City State Zip Social Security Number

Date of Birth City/State of Birth Sex Religion

Home Phone Number Ethnic Group

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

Grade for which you are applying (PK3 – 8): _____ School Year _____ Date of application: _____

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

Name of person completing this application _____

STUDENT APPLICATION

Applications must include the following to be processed:

- A non-refundable application fee of \$75.00
- Student Information Questionnaire
- A copy of the child's official birth certificate 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
- Confirmation of Parish Registration and signed Subsidy Card for all Catholic applicants

FATHER'S INFORMATION

_____	_____	_____	_____
Last Name	First Name	Middle	Social Security Number
_____			_____
Street Address		City/State/Zip	
_____		_____	
Occupation	Business Name	Business Phone	
_____		_____	
Religion	Country of Birth	Cell Phone	
_____		_____	
Saint John Vianney Alumni?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year	_____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried		

MOTHER'S INFORMATION

_____	_____	_____	_____
Last Name	First Name	Middle	Social Security Number
_____			_____
Street Address		City/State/Zip	
_____		_____	
Occupation	Business Name	Business Phone	
_____		_____	
Religion	Country of Birth	Cell Phone	
_____		_____	
Saint John Vianney Alumni?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year	_____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried		

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.

OTHER CHILDREN IN FAMILY

<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:

<u>Name</u>	<u>Class Year</u>

Correct billing address for student tuition, if other than home address:

SIGNATURE OF PARENT/GUARDIAN _____

FAMILY EMAIL ADDRESS _____

For Office Use Only

Application Received _____ Application Fee _____ Cash _____ Check _____

Birth Certificate Baptismal Certificate Record Release Form Health Records

SJV _____	*Student Questionnaire _____	Ready for Review _____
OLOL _____	*Report Card Grade 1-8 _____	Reviewed _____
SFC _____	*Standardized Testing _____	Accept _____
SS _____	*No Pre-School _____	Wait List _____
CATH _____	*Pre-Kindergarten _____	Non-Acceptance _____
N/C _____		Screening Meeting _____
Other _____		

Subsidy Card Signed _____ SIBLING GRADES: _____