



# ST. JOHN VIANNEY SCHOOL

10499 COLOMA ROAD, RANCHO CORDOVA, CA 95670 • 363-4610 • FAX: 363-3243  
WEB SITE: WWW.SJVSCHOOL.ORG

Grade to enter \_\_\_\_\_

\_\_\_\_TK \_\_\_\_\_K

Date \_\_\_\_\_

**(\$25 application fee is due upon filing application)**

<b>NAME (LAST)</b>		<b>FIRST</b>			<b>MIDDLE</b>		
<b>BIRTH INFORMATION</b>	<b>MO.</b>	<b>DAY</b>	<b>YEAR</b>	<b>VERIFICATION</b>	<b>BIRTHPLACE-CITY</b>	<b>STATE OR COUNTRY</b>	
<b>STREET ADDRESS</b>			<b>CITY</b>		<b>ZIP</b>	<b>TELEPHONE</b>	
<b>School transferred from:</b>							
<input type="checkbox"/> St. John Vianney Parishioner		<input type="checkbox"/> Other Parish			<input type="checkbox"/> Non Catholic		
<b>FAMILY RECORD</b>		<b>FATHER</b>		<b>MOTHER (Maiden)</b>		<b>Custodial parent (if applicable)</b>	
FULL NAME							
PLACE OF BIRTH							
RELIGION							
FATHER'S OCCUPATION						Work Phone:	
MOTHER'S OCCUPATION						Work Phone:	
E-mail Address:		Mother:			Father:		
<b>CHECK HOME CONDITION:</b>		<input type="checkbox"/> Parents Married		<input type="checkbox"/> Parents Divorced		<input type="checkbox"/> Parents Deceased	
<b>SACRAMENTS RECEIVED</b>	<b>BAPTISM</b>	<b>EUCHARIST</b>	<b>RECONCILIATION</b>	<b>CONFIRMATION</b>			
DATE							
CHURCH							
CITY							
STATE							
VERIFIED BY:							
<b>OFFICE USE ONLY</b>							
Report Card	Shot Record	New Family	Siblings	Health Records			
Test Date	Fee	W/L	Accepted				
<b>Optional: Child's Ethnic Background:</b> [ ]Asian [ ]Black [ ]Caucasian [ ]Hispanic [ ]Native American [ ]Pacific Islander Other _____							

**Birth Certificate (Certified Copy), Baptism, Shot Record and Latest Report Card must be on file in our office before registration is complete**