

**ST. JOHN VIANNEY PARISH SCHOOL OF RELIGION (Grades 1-8)  
REGISTRATION 2020-2021**

Registration Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name                      Father's Name                      Mother's Name                      Mother's Maiden Name

Address:

\_\_\_\_\_  
Street    City    Zip

Best Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Children Live With:    Father    Mother    Both Parents    Shared Custody  
Custodial Parent (if applicable): \_\_\_\_\_

Religion of Mother: \_\_\_\_\_ Father \_\_\_\_\_

Are you a registered member of St. John Vianney:    \_\_\_\_ yes    \_\_\_\_ no

If no, indicate parish: \_\_\_\_\_

**One Child - \$70    Two - \$110    Three or more - \$130    Home Study - \$30**

**FILL IN THE FOLLOWING INFORMATION FOR EACH STUDENT YOU ARE REGISTERING.**

*Check One*

<b>STUDENT NAME (Grades 1 - 8)</b> Please Include Last Name if Different from Family Name	<b>Grade</b> 2020-21	<b>School Attending</b> 2020-21	<b>Sunday</b> <b>PSR</b>	<b>Home</b> <b>Study</b>

**SPECIAL CIRCUMSTANCES (PLEASE LIST FOR EACH CHILD):** (i.e. attention deficit, learning disabled, asthma, allergies, illnesses, etc.)

Child	Circumstance
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

