



SAINT JOHN VIANNEY SCHOOL

2024-2025 Registration Form

2950 Southwestern Blvd.

Orchard Park, NY 14127 · (716) 674-9232

www.saintjohnvianneyschool.com

Office Use Only

Last Name: _____

Of Children: _____

Non-Refundable Registration: \$ _____

Date paid: _____ Check# _____ Cash: _____

On-line credit: _____

Family Commitment: _____

Tuition pd: annually _____ monthly: _____

Bi-yearly _____

Amount of Tuition: _____

Please Print Clearly

Family Name: _____ Date: _____

Address: _____ City: _____ Zip code: _____

Student Name: Last, First	Grade	DOB	Church of	1 st	1 st
	9/1/24		Baptism	Reconc.	Comm.
_____ M/F	_____	_____	_____	Y / N	Y / N
_____ M/F	_____	_____	_____	Y / N	Y / N
_____ M/F	_____	_____	_____	Y / N	Y / N

School District Student (s) resides in: _____

Ethnicity (choose one): Hispanic/Latino _____ Non-Hispanic/ Latino _____

Race (choose one) 1) American Indian 2) African American 3) Caucasian 4) Hispanic 5) Asian/ Pacific Islander 6) Multi-racial

Child resides with: Mother _____ Father _____ Both _____ Other (Specify): _____

Father: _____

Cell phone: _____

Home Phone: _____

Home address: _____

(If different from student)

Religion: _____

E-Mail: _____

Occupation: _____

Place of employment: _____

Address: _____

Business phone: _____

VIRTUS Certified: Yes _____ No _____

Mother: _____ Maiden Name _____

Cell phone: _____

Home Phone: _____

Home address: _____

(If different from student)

Religion: _____

E-Mail: _____

Occupation: _____

Place of employment: _____

Address: _____

Business phone: _____

VIRTUS Certified: Yes _____ No _____

Parents are: Married _____ Separated _____ Divorced _____ Other _____

Registered St. John Vianney Parishioners: () YES () NO If no, Parish affiliation: _____

Parishioner/Non-Parishioner Rate

To qualify for the Parish Subsidized Tuition "*Parishioner Rate*" on student tuition, you must be registered with St. John Vianney Parish or another Catholic parish:

1. Have officially stepped forward and registered with St. John Vianney Parish (or with the Catholic Parish to which you belong).
2. Participate regularly in the most important aspect of your child's religious formation by attending weekend Mass at the Parish you are registered with.
3. Support the life and activity of your Parish community by exercising great stewardship of your time, talent and resources.

Student's Emergency Contacts (other than legal guardian):

1. _____
Last Name First Name Address Phone Number

2. _____
Last Name First Name Address Phone Number

Please list in order the Authorized Individuals (other than parents) who can pick up your child

Name	Address	Phone Number	Relationship to Child

Additional Requirements for all new students Grades PK - 8th Grade:

- Student's current Immunization Record – provided yearly for all students
- IEP/504 Plan Documents (if applicable)
- Birth Certificate
- Sacrament Certificate (if applicable)
- HSA Family Commitment Form – completed yearly for all students
- BISON Award Letter (if applicable)

HEALTH INFORMATION

EMERGENCY MEDICAL AUTHORIZATION: In the event reasonable attempts to contact me at the above listed phone numbers have been unsuccessful, I hereby give my consent to administer emergency medical treatment by any licensed physician or dentist and to transport my child to any reasonably accessible hospital facility.

Parent/Guardian Signature: _____ Date: _____

Health Insurance: _____ Preferred Hospital: _____

Child's physician: _____ Phone number: _____

Address of physician: _____

Any known allergies: _____

Student Audio/Visual Permission Slip

From time-to-time St. John Vianney School, its employees and staff, may take still, video or television photographs or pictures and make recordings of the voices of its students and staff members, and the "Family Educational Rights and Privacy Act" requires parental consent before said video and audio records may be released. Students may also participate in audio/video technology such as video conferencing, audio recordings, still image creation and Web 2.0 resources such as wikis, blogs, and other social media during class time and for class projects. At all times students must abide by the school's technology plan and guidelines. These pictures and audio/video recordings may be used in print, on social media, or in other publications for educational purposes and to promote the school. When published, students' names may also be used. These pictures and audio/video recordings are used without compensation or payment to the student or family, and the recordings and pictures remain property of the school.

Please check the appropriate box:

- ☐ I give permission for my child(ren) _____, to be in any video, photograph, or audio recording.
- ☐ I do not give permission for my child(ren) _____, to be in any video, photograph, or audio recording. I understand that this may require alternate assignments in class or for homework if photos and/or audio/video recordings are required.

Parent Signature: _____ Date: _____

Parent Name (Printed): _____

ALUMNI INFORMATION

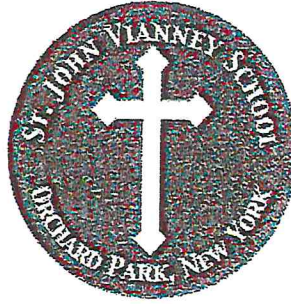
Please indicate if either parent is an alumnus of St. John Vianney School. Please include maiden name, if applicable.

Name _____

Class of _____

Name _____

Class of _____



TEXTBOOK REQUEST FORM

STUDENT'S NAME: _____

STUDENT'S ADDRESS: _____

RESIDING IN PUBLIC SCHOOL DISTRICT: _____

LOAN OF TEXTBOOKS

I hereby request the loan of textbooks in the name of _____ (student). I authorize St. John Vianney School to act on behalf of this student, identifying and ordering books for student's use. I understand that all books loaned to this student by _____ (public school district) are to be maintained in good condition and that said student must pay for the loss of or excessive damage to said books.

Signature of Parent/Guardian: _____

Date: _____

This form is to be kept on file in the student's non-public school for the duration of enrollment year.