



ST. VIATOR SCHOOL  
NEW FAMILY  
REGISTRATION FORM

FAMILY NAME: \_\_\_\_\_

**Parental Status:**  Married  Separated  Divorced  Single Parent  
 Father:  Deceased  Remarried – Step-mother’s Name: \_\_\_\_\_  
 Mother:  Deceased  Remarried – Step-father’s Name: \_\_\_\_\_

**Child Lives With:**  Natural Parents  Mother Only  Father Only  Grandparents: \_\_\_\_\_  
 Mother and Step-father  Father and Step-mother  Other: \_\_\_\_\_

**Family’s Religion, If Non-Catholic:** \_\_\_\_\_ **Registered Parishioner of St. Viator:** Yes \_\_\_ No \_\_\_

**FATHER’S INFORMATION**

**MOTHER’S INFORMATION**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zipcode

ADDRESS: \_\_\_\_\_  
Street City State Zipcode

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

CELL PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

CELL PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

WORK PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

WORK PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

RELIGION: \_\_\_\_\_

RELIGION: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Alum of St. Viator School. Year of Graduation: \_\_\_\_\_

Alum of St. Viator School. Year of Graduation: \_\_\_\_\_

Mother’s Maiden Name: \_\_\_\_\_

**PERSON(S) RESPONSIBLE FOR TUITION PAYMENTS:**

FATHER  MOTHER  BOTH  OTHER: NAME: \_\_\_\_\_ RELATIONSHIP TO FAMILY: \_\_\_\_\_

Name of Public School your child would attend in your neighborhood if he/she did not attend St. Viator: \_\_\_\_\_

**PLEASE LIST NEW STUDENT(S) OLDEST TO YOUNGEST (Must Provide All Information Requested Below):**

<u>STUDENT’S FIRST AND LAST NAME</u>	<u>ENTERING GRADE</u>	<u>BIRTHDATE</u>	<u>BAPTISM DATE</u>	<u>BAPTISM PARISH</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**STUDENT(S) ATTENDING ST. VIATOR: CATHOLIC – YES \_\_\_ NO \_\_\_**

**PLEASE ENCLOSE A \$100.00 (NON-REFUNDABLE) REGISTRATION FEE FOR EACH CHILD**

AMOUNT DUE AND ENCLOSED \$ \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**Office Use Only**

Amount Paid \$ \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_\_



# St. Viator School Registration Form

## Office Use Only

Date of Registration: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Current Family: \_\_\_\_\_ New Family: \_\_\_\_\_ Other children attending St. Viator: \_\_\_\_\_

Parishioner: Yes \_\_\_ No \_\_\_ Parish: \_\_\_\_\_ Family I. D. # \_\_\_\_\_ Student I. D. # \_\_\_\_\_

Family Religion If Non-Catholic: \_\_\_\_\_ Registrar: \_\_\_\_\_ Family Breakdown: \_\_\_\_\_ Y/O \_\_\_\_\_

## Please Print in Black ink

A. Student Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle

B. Student's address: \_\_\_\_\_  
Street City Zipcode

C. Student's Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

D. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Certificate Number: \_\_\_\_\_  
Mo. Day Year

E. Place of Birth: \_\_\_\_\_  
City State

F. Health Problems (Allergies, etc.) \_\_\_\_\_

G. Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

H. Reason for Transfer: Moved \_\_\_\_\_ Other: \_\_\_\_\_

I. Has student received Special Education Services? Reading \_\_\_\_\_ Math \_\_\_\_\_ Speech \_\_\_\_\_

J. Public School in your neighborhood where student would attend if he/she did not attend St. Viator: \_\_\_\_\_

K. Student's Ethnic/Racial Background:

- Native American (American Indian/Alaskan Native)
- Asian/Pacific Islander
- Black Non-Hispanic/African American

- Hispanic/Latin/South American
- White Non-Hispanic/Caucasian
- Bi-Racial (Asian/White; Black/White; Asian/Black; Hispanic/White, etc.)

L. Student's Ethnic Heritage (e.g. Polish, Irish, Puerto Rican, Mexican, Filipino, etc.) \_\_\_\_\_

M. Religious Information: Religion if non-Catholic: \_\_\_\_\_

Baptism \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First Communion \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Confirmation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

First Reconciliation (Confession) YES \_\_\_\_\_

NO \_\_\_\_\_

Religious education/C.C.D. (if from Public School) YES \_\_\_\_\_ NO \_\_\_\_\_

Please Continue on Other Side 

**FAMILY INFORMATION**

**N. Father's Information:** \_\_\_\_\_  
 Last Name First Name  
 \_\_\_\_\_  
 Street Address City State Zip  
 \_\_\_\_\_  
 Employer's Name Employer's address  
 \_\_\_\_\_  
 Occupation  
 \_\_\_\_\_  
 Birthplace Date of Birth  
 Yes, I am an Alum of St. Viator School. Year of Graduation \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
 Home Phone Number  
 (\_\_\_\_\_) \_\_\_\_\_  
 Cell Phone Number  
 (\_\_\_\_\_) \_\_\_\_\_  
 Work Phone Number  
 (\_\_\_\_\_) \_\_\_\_\_  
 Pager Phone Number  
 \_\_\_\_\_  
 Father's Religion

**O. Mother's Information:** \_\_\_\_\_  
 Last Name First Name  
 \_\_\_\_\_  
 Street Address City State Zip  
 \_\_\_\_\_  
 Employer's Name Employer's address  
 \_\_\_\_\_  
 Occupation  
 \_\_\_\_\_  
 Birthplace Date of Birth  
 Yes, I am an Alum of St. Viator School. Year of Graduation \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
 Home Phone Number  
 (\_\_\_\_\_) \_\_\_\_\_  
 Cell Phone Number  
 (\_\_\_\_\_) \_\_\_\_\_  
 Work Phone Number  
 (\_\_\_\_\_) \_\_\_\_\_  
 Pager Phone Number  
 \_\_\_\_\_  
 Mother's Religion  
 Maiden Name: \_\_\_\_\_

**P. Parental Status:**  Married  Separated  Divorced  Single Parent  
 Father:  Deceased  Remarried – Step-mother's Name: \_\_\_\_\_  
 Mother:  Deceased  Remarried – Step-father's Name: \_\_\_\_\_

**Q. Child Lives With:**  Natural Parents  Mother Only  Father Only  Grandparents: \_\_\_\_\_  
 Mother and Step-father  Father and Step-mother  Other: \_\_\_\_\_

**R. Other Children in the Household and their birthdates (not currently registered at St. Viator School):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**S. Custody Restrictions if any:** \_\_\_\_\_

**T. Language Spoken at Home (other than English):** \_\_\_\_\_

**ADDITIONAL INFORMATION:** \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date