

St. John Vianney Academy

ADMISSION QUESTIONNAIRE

Application Fee of \$100 per student

Date: _____

Applying for Grade _____

Academic Year _____

Applicant's Name _____

Last

First

Middle

Preferred Name _____

Phone No. (____) _____

Home Address _____

Street

City

State

Zip

Date of Birth

Age

Place of Birth

Country of Citizenship

Native Language

Religious Preference

Parish or Church

Date of Baptism

Date of First Communion

Date of Confirmation

FAMILY INFORMATION

Are both parents living? _____ Are parents divorced? _____ Separated? _____ Remarried? _____

Does applicant live with both parents**? _____ Mother _____ Father _____ Guardian _____

** (if not, please explain: _____

Is he/she adopted? _____ Do other adults live at home? _____ Names and Role _____



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Father's Name _____ **Work or Cell Phone ()** _____

Father's E-MAIL _____

Home Address (if diff. from above) _____ **Religious Preference** _____

Place of work _____ **Work Phone ()** _____

Work address _____ **Position or Title** _____

College(s) attended _____ **Degree(s)** _____

Father's hobbies or special interests: (Including musical, dramatic, athletic, computer, crafts, etc.)

Mother's Name _____ **Maiden Name** _____

Mother's E-MAIL _____ **Work or Cell Phone ()** _____

Home Address (if diff. from above) _____ **Religious Preference** _____

Place of work _____ **Work Phone ()** _____

Work address _____ **Position or Title** _____

College(s) attended _____ **Degree(s)** _____

Mother's hobbies or special interests: (Including musical, dramatic, athletic, computer, crafts, etc.)

Names and Ages of Siblings

School Currently Attending

VOLUNTEER WORK:

Please list present and past involvement in diocesan, parish, apostolic or civic groups with which you have donated your time. _____



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SCHOOL HISTORY

List names of schools applicant has attended.

If applicant has been home-schooled, please list length of time, grade levels and curricula used.

School	Location	Attendance Dates
_____	_____	_____
_____	_____	_____

Has applicant ever skipped a grade? _____ If so, what grade? _____ Repeated a grade? _____ If so, what grade? _____

Does the applicant have any diagnosed physical or learning disabilities? _____ If yes, please describe: _____

Has he/she had academic problems? _____ If so, in what areas? _____

MEDICAL INFORMATION

Does applicant suffer from **any** specific health conditions that we should be aware of? _____

Please explain: _____

Does he/she require any special attention? _____

Is he/she currently taking any medication? _____ If so, what kind? _____

Has applicant ever had an operation? _____ If so, what and at what age? _____ Has he/she ever had a serious injury? _____ If so, what and at what age? _____

Has applicant stayed home from school repeatedly or for long periods due to illness? _____

Please explain: _____

Has applicant ever received special attention or evaluation from a psychologist, therapist or counselor? _____

If so, please list date, name and address of consultants and describe situation briefly. _____



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PARENT QUESTIONNAIRE

In order for us to get to know your child better, please answer the following question:

What would you say are your child's main assets, qualities, strengths and talents (academically, socially, physically, and/or morally)? _____

I hereby certify that all information provided on this application and all information given to St. John Vianney Academy, is complete and accurate. I understand that falsification or omission of information may result in disqualification or dismissal. Furthermore, I understand that all information submitted to St. John Vianney Academy is confidential. This application will be reviewed by members of the board of directors and the headmaster and by signing this document we agree that this application and any supporting documents may be reviewed by those individuals. Finally, I re-attest to my agreement on main application to Faith and Conduct Policy.

Parents' or guardians' signatures:

Date:

Checklist: Requirements for Admission	Checklist: Additional Documents Needed	OFFICE USE ONLY:
We must receive the following items WITH this form in order to consider your application. <input type="checkbox"/> Completed Application Form <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Application fee of \$25.00	These items can be submitted following submission of initial application forms: <input type="checkbox"/> Baptism Certificate <input type="checkbox"/> Immunization Records	Accepted: _____ Not Accepted: _____ App. Fee Pd. _____ Date _____ Ck.# _____

Please mail application to:

PO Box 81555 Bakersfield, Ca 93380

Or email to: stjohnvianneybakersfield@gmail.com



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STUDENT QUESTIONNAIRE (optional for students entering grades 1-3)

What hobbies, sports, and activities do you most enjoy outside of school?

What is your favorite academic subject and why?

Please describe an event that has had a special impact or significance in your life?

