

St. Viator Parish School

Family Registration Form 2019-2020

Family ID: _____ Category: _____

Family Name: _____

Father's Information

Mr. Dr.

First Name _____ MI _____ Last Name _____

Address *if different from student* _____

Cell Phone _____ Work Phone _____

Email Address _____

Employer _____

Occupation _____

Education _____

Religion _____ Church you attend _____

US Citizen: Yes No

Alumni of St. Viator School-Year Graduated _____

Mother's Information

Mrs. Ms. Miss Dr.

First Name _____ MI _____ Last Name _____

Address *if different from student* _____

Cell Phone _____ Work Phone _____

Email Address _____

Employer _____

Occupation _____

Education _____

Religion _____ Church you attend _____

Mother's Maiden Name _____

US Citizen: Yes No

Alumni St. Viator School-Year Graduated _____

Parental Status: Married Separated Divorced Single Parent Father Deceased Mother Deceased

Student lives with: Both parents Mother Father Step Mother Step Father Guardian

If father is remarried, Stepmother's Full Name _____ Phone _____

If mother is remarried, Stepfather's Full Name _____ Phone _____

If parents are divorced, who has legal custody? _____

All documents regarding court appointed custody arrangements must be on file with the school office.

Emergency Information

Parent to contact first (check one only): Mother Father. Contacts who will assume temporary care of your child in the event either parent/guardian cannot be reached:

Name _____ Cell Phone _____ Authorized to pick up Yes No

Name _____ Cell Phone _____ Yes No

Name _____ Cell Phone _____ Yes No

If you cannot be reached in an emergency and, if in the judgment of the school authorities immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

_____ initial

As a parent and/or legal guardian, I authorize the treatment of my minor child(ren) by a qualified and licensed medical physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to contact me.

_____ initial

St. Viator School "is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act."

_____ initial

Parent/Guardian's Signature _____ Date _____