

# St. Viator Parish School

## Family Registration Form 2025-2026

Family ID: \_\_\_\_\_ Category: \_\_\_\_\_

Family Name: \_\_\_\_\_

### Father's Information

Mr.  Dr.  Guardian

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Father's Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Education \_\_\_\_\_

Occupation \_\_\_\_\_

Religion \_\_\_\_\_ Church you attend \_\_\_\_\_

US Citizen:  Yes  No

Alumni of St. Viator School-Year Graduated \_\_\_\_\_

### Mother's Information

Mrs.  Ms.  Miss  Dr.  Guardian

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Education \_\_\_\_\_

Occupation \_\_\_\_\_

Religion \_\_\_\_\_ Church you attend \_\_\_\_\_

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? \_\_\_\_\_ Relationship \_\_\_\_\_

**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 \_\_\_\_\_