

St. Viator Parish School

Family Registration Form 20__-20__

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 _____

Financial Information

Person responsible for fees and tuition per the tuition schedule:

Family ID: _____

Father Mother Both Parents Other -- If other, please fill in information below

Name		Relationship
Address	City, State, Zip	Phone Number

Email Address

St. Viator is committed to making financial aid available to new and returning students as needed. Application for admission to St. Viator should not be discouraged because of affordability of tuition, we believe in giving every child the opportunity to receive a high-quality Catholic education.

Parents seeking tuition assistance may do so through the Nevada Choice Scholarship Program. Currently, the State of Nevada has various Scholarship Grant Organizations (SGOs). SGOs award annual scholarships to eligible students entering eligible grade levels from eligible households to help them attend an eligible private school of their choice. The private school scholarships are for tuition and fees, including textbooks and supply fees. For additional information please visit: http://www.doe.nv.gov/Private_Schools/Nevada_Choice_Scholarship_Program/

Parents are also invited to apply for Archdiocesan Tuition Assistance (if/when funds are available). In order to receive tuition assistance, parents who have received aid from an SGO are first required to reapply to the SGO to determine eligibility and demonstrated need. After notification from the SGO, you may apply to FACTS online and the Archdiocesan Tuition Assistance Committee will review all requests. FACTS will notify parents of the results no later than September of each year.

Will you be applying for financial aid? Yes No

General Information

How did you hear about St. Viator? _____

Why do you want your child to attend St. Viator? _____

What are your most important considerations in choosing a school? _____

Upon completing this application, you are acknowledging St. Viator School criteria for acceptance including:

- Financial support of parish and acceptance of the school’s tuition and scrip program, including the Development Fee.
- Involvement in parish and school organizations and activities.
- Parental guidance of children to assure children’s attendance at church and school, their striving for academic success, and their respectful behavior regarding church and school.

I certify that the information on both the Student and Family Registration Forms are true and correct, and I understand that withholding or falsifying any information on the application will be cause for immediate dismissal.

Father/Guardian’s Signature Date

Mother/Guardian’s Signature Date

For Office Use Only:

Registration Fee: _____
 Cash _____ Check # _____ CC _____
 Date Paid _____
 Rediker: _____ FM: _____ QB: _____