

**VERMILION CATHOLIC HIGH SCHOOL  
2018 - 2019 REGISTRATION FORM**

**PLEASE ATTACH COPIES OF BIRTH CERTIFICATE, SOCIAL SECURITY CARD AND IMMUNIAZATION RECORDS.**

**STUDENT INFORMATION**

First Name _____	Address _____	Public School Zone _____
Middle Name _____	City State Zip _____	Previous School _____
Last Name _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	MC or MM Siblings <input type="checkbox"/> yes / <input type="checkbox"/> no
Nickname _____	Race _____	Student Lives with: <input type="checkbox"/> mother/father
Birthdate _____	Ethnicity <input type="checkbox"/> NonHispanic <input type="checkbox"/> Hispanic	<input type="checkbox"/> mother only
SSN _____	Grade Level _____	<input type="checkbox"/> father only
Home phone _____	Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	<input type="checkbox"/> mother/step father
Student Cell _____	Church Parish _____	<input type="checkbox"/> father/step mother
Student Email _____		<input type="checkbox"/> mother / father jointly

**CUSTODIAL PARENT INFORMATION**

Salutation _____	_____	_____	_____
First Name _____	_____	_____	_____
Middle Name _____	_____	_____	_____
Last Name _____	_____	_____	_____
Nickname _____	_____	_____	_____
Relation _____	_____	_____	_____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status _____	_____	_____	_____
Home Phone _____	_____	_____	_____
Work Phone _____	_____	_____	_____
Cell Phone _____	_____	_____	_____
Email _____	_____	_____	_____
Occupation _____	_____	_____	_____
Company _____	_____	_____	_____
Emergency PU? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Correspondance? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Address (if different) _____	_____	_____	_____
City State Zip _____	_____	_____	_____
Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic
Church Parish _____	_____	_____	_____
High School / Yr _____	_____	_____	_____
College/Degree/Yr _____	_____	_____	_____

Vermilion Catholic High School does not discriminate on the basis of race, creed, national origin or ethnic background in educational programs or activities.

For Office Use Only:  
Date Entered/by: \_\_\_\_\_

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**GRANDPARENT / OTHER CONTACT INFORMATION**

Salutation	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Middle Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Nickname	_____	_____	_____	_____
Relation	_____	_____	_____	_____
Gender	_____	_____	_____	_____
Marital Status	_____	_____	_____	_____
Home Phone	_____	_____	_____	_____
Work Phone	_____	_____	_____	_____
Cell Phone	_____	_____	_____	_____
Email	_____	_____	_____	_____
Occupation	_____	_____	_____	_____
Company	_____	_____	_____	_____
Emergency PU? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Correspondance? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Address	_____	_____	_____	_____
City State Zip	_____	_____	_____	_____

**MEDICAL / HEALTH / DISABILITY**

List any medical, health and/or academic conditions the school administration should be aware of:

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Accommodation Plan:  Yes /  No

504  Yes /  No

IEP  Yes /  No

Other: \_\_\_\_\_

Students with an Accommodation Plan must contact Cheryl Landry at [cheryllandry@vermilioncatholic.com](mailto:cheryllandry@vermilioncatholic.com) or 337-893-6636.

The registration of a student is deemed equivalent to a statement on his part and on the part of the parents or guardians of willingness to comply with all regulations of the school.

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