

**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 _____	MCE Siblings      yes / no
Last Name _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Student Lives with:      mother/father
Nickname _____	Race _____	mother only
Birthdate _____	Ethnicity <input type="checkbox"/> NonHispanic <input type="checkbox"/> Hispanic	father only
SSN _____	Grade Level _____	mother/step father
Home phone _____	Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	father/step mother
Student Cell _____	Church Parish _____	mother / father jointly
Student Email _____		

**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: \_\_\_\_\_

**VERMILION CATHOLIC HIGH SCHOOL**

**2018 - 2019 REGISTRATION FORM**

Page 2 of 2

**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: \_\_\_\_\_

Accomodation Plan:  Yes /  No

504  Yes /  No

IEP  Yes /  No

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

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

The registratin 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.

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