



# VERMILION CATHOLIC HIGH SCHOOL

425 Park Avenue † Abbeville, Louisiana 70510  
337.893.6636 † www.vermilioncatholic.com

REGISTRATION  
FORM  
2016-2017  
SCHOOL YEAR

Please attach copies of birth certificate, social security card and immunization record.

Name: \_\_\_\_\_  
Last First Middle

Religion: \_\_\_\_\_

Goes By: \_\_\_\_\_

Church Parish: \_\_\_\_\_

SS #: \_\_\_\_\_

(Church Parish information is required)

Home Phone: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Student Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Student Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

## PARENT INFORMATION

### Member 1:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First Middle/Maiden Last)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(if different from above) \_\_\_\_\_ E'mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Parish: \_\_\_\_\_

Graduated From:	Name of School	Graduation Year	Degree(s) Earned
High School			
College			
Other			

### Member 2:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First Middle/Maiden Last)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(if different from above) \_\_\_\_\_ E'mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Parish: \_\_\_\_\_

Graduated From:	Name of School	Graduation Year	Degree(s) Earned
High School			
College			
Other			

Office Use Only:  
Date Rec'd \_\_\_\_\_

ENTER TO LEARN CHRIST † LEAVE TO SERVE CHRIST

(Continued on reverse)

Student presently lives with: (check all that apply)

- Mother and Father                       Mother and Father jointly  
 Mother Only                               Mother and Step Father                       Father Deceased  
 Father Only                                 Father and Step Mother                       Mother Deceased  
 Other (specify) \_\_\_\_\_

If someone other than custodial parent is to receive information regarding student (ex. Grades, billing etc) please specify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

**SIBLING INFORMATION**

Sibling Name				
School Attending				

If you were to attend public school, which school would you attend? \_\_\_\_\_

**GRANDPARENT INFORMATION**

Paternal Grandparent(s):  
Grandfather: \_\_\_\_\_  Living  Deceased  
Grandmother: \_\_\_\_\_  Living  Deceased  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Maternal Grandparent(s):  
Grandfather: \_\_\_\_\_  Living  Deceased  
Grandmother: \_\_\_\_\_  Living  Deceased  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL / HEALTH / DISABILITY**

Does the student have any medical, health and/or academic conditions the school administration or teacher should be aware of?  NO  YES If YES, please explain. \_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF EMERGENCY: OTHER than Parent**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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.

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