



VERMILION CATHOLIC HIGH SCHOOL

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

Name: _____
2017-2018 Grade: _____

2017 - 2018 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 _____	Student Lives with: mother/father
Nickname _____	Race _____	mother only
Birthdate _____	Ethnicity _____	father only
SSN _____	2017-2018 Grade Level _____	mother/step father
Home phone _____	Religion _____	father/step mother
Student Cell _____	Church Parish _____	mother / father jointly
Student Email _____		

CUSTODIAL PARENT INFORMATION

Salutation _____	_____	_____	_____
First Name _____	_____	_____	_____
Middle Name _____	_____	_____	_____
Last Name _____	_____	_____	_____
Relation _____	_____	_____	_____
Nickname _____	_____	_____	_____
Gender _____	_____	_____	_____
Marital Status _____	_____	_____	_____
Home Phone _____	_____	_____	_____
Work Phone _____	_____	_____	_____
Cell Phone _____	_____	_____	_____
Email _____	_____	_____	_____
Email Alternate _____	_____	_____	_____
Occupation _____	_____	_____	_____
Company _____	_____	_____	_____
Emergency PU? _____	_____	_____	_____
Correspondance? _____	_____	_____	_____
Grandparent? _____	_____	_____	_____
Address (if different) _____	_____	_____	_____
City State Zip _____	_____	_____	_____
Religion _____	_____	_____	_____
Church Parish _____	_____	_____	_____

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 Rec'd _____
C/Check # _____
Amount _____

ENTER TO LEARN CHRIST † LEAVE TO SERVE CHRIST





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GRANDPARENT / OTHER CONTACT INFORMATION

Salutation	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Middle Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Relation	_____	_____	_____	_____
Nickname	_____	_____	_____	_____
Gender	_____	_____	_____	_____
Marital Status	_____	_____	_____	_____
Home Phone	_____	_____	_____	_____
Work Phone	_____	_____	_____	_____
Cell Phone	_____	_____	_____	_____
Email	_____	_____	_____	_____
Email Alternate	_____	_____	_____	_____
Occupation	_____	_____	_____	_____
Company	_____	_____	_____	_____
Emergency PU?	_____	_____	_____	_____
Correspondance?	_____	_____	_____	_____
Grandparent?	_____	_____	_____	_____
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 Accomodation Plan must contact Cheryl Landry at 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.

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