

St. John Vianney Middle School Student Information

Please return to homeroom teacher by _____

Student's legal name _____

Address _____

Home Phone _____ Date of birth _____

Student lives with: Father ___ Mother ___ Stepmother ___ Stepfather ___

Parents are: Residing together ___ Divorced ___ Separated ___

Father is deceased ___ Mother is deceased ___

Father:

Name _____

Address (if different from child's) _____

Day phone _____ Evening phone _____

Cell phone _____ Email address _____

Mother:

Name _____

Address (if different from child's) _____

Day phone _____ Evening phone _____

Cell phone _____ Email address _____

Please check one of the following:

_____ I will receive the Middle School Messages e-mailed to me at the following address: _____ *(Please print legibly)*

_____ I would like to receive a paper copy of the Middle School Messages.

For the purpose of on line assignments, please check one of the following:

_____ My child has consistent access to a computer and the Internet.

_____ My child does not have consistent access to a computer and the Internet.

Siblings: Please list siblings who attend SJV and their homeroom teachers **or** other SJV students who can bring work to my home when my child is ill.

Medical/Educational:

Medical conditions (psychological, diabetes, epilepsy, allergies, asthma, etc.)

Needs special seating: _____

Medication taken _____

Glasses needed for: Reading ___ Distance ___ Wears contact lenses ___

Has been enrolled in special classes, has had tutoring or special help: (when and what for)

Parent signature: _____

_____ *(please initial)* I have read and understand the information contained in the middle school handbook (on the website at www.stjohnvianney.net/SJV_School/MiddleSchool.html or in hard copy format).