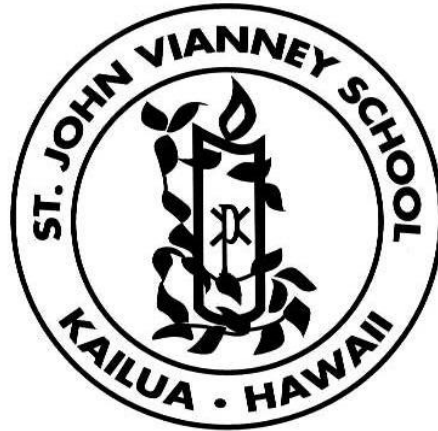


Applicant's Legal Name: \_\_\_\_\_  
(Please print) Last First Middle

Applying for Grade: \_\_\_\_\_

## ST. JOHN VIANNEY SCHOOL



## APPLICATION FOR ADMISSION

St. John Vianney School  
940 Keolu Drive Kailua, Hawaii 96734  
(808) 261-4651 Fax (808) 263-0505  
email: [sjvadmin@sjvkailua.org](mailto:sjvadmin@sjvkailua.org)  
[sjvkailua.org](http://sjvkailua.org)

*Living the Gospel  
Inspiring hearts, minds and lives  
E ho'oulu i ka na'au, ka mana'o, a me ke ola*

# Application for Admission

Date \_\_\_\_\_

Entering Grade \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Called By: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex M F

Social Security Number \_\_\_\_\_

School Presently Attending \_\_\_\_\_ Grade \_\_\_\_\_

Religion \_\_\_\_\_ If Catholic, which parish? \_\_\_\_\_

US Citizen Yes No Visa Status \_\_\_\_\_

## Family Information

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address (if different) \_\_\_\_\_  
Street City State Zip

Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address (if different) \_\_\_\_\_  
Street City State Zip

Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Maiden Name \_\_\_\_\_

Family email \_\_\_\_\_

With whom does applicant live? \_\_\_\_\_ Both Parents \_\_\_\_\_ Guardian \_\_\_\_\_ Mother \_\_\_\_\_ Father  
\_\_\_\_\_ Stepparent \_\_\_\_\_ Other \_\_\_\_\_

Does the applicant have any serious or life-threatening medical conditions or special needs? Yes No

Explain: \_\_\_\_\_

Please list any relatives who have attended SJV \_\_\_\_\_

**Past Schools Attended:** (Please put most recent first.)

Grades \_\_\_\_\_ School \_\_\_\_\_ City/State \_\_\_\_\_

Grades \_\_\_\_\_ School \_\_\_\_\_ City/State \_\_\_\_\_

Grades \_\_\_\_\_ School \_\_\_\_\_ City/State \_\_\_\_\_

**If Catholic**

Baptism Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

First Eucharist Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

Confirmation Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

**Siblings:**

Name _____	Age _____
_____	_____
_____	_____
_____	_____
_____	_____

Why did you apply to St. John Vianney School? \_\_\_\_\_

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The Catholic School Department must report to the National Catholic Education Association and federal and local agencies and give summary data on the sex and ethnic backgrounds of our students. Therefore, it is required that each person applying for admission to a Catholic school indicate his/her sex and ethnic background on the application form. This information does not affect determination of admission.

Place of Birth \_\_\_\_\_

U.S. Citizen? Yes No

**Ethnic Background (CHECK ONE ONLY)**

**Language Spoken at Home**

- |  |   |  |                                     |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Japanese                   | <input type="checkbox"/> English         | <input type="checkbox"/> Samoan     |
| <input type="checkbox"/> Black           | <input type="checkbox"/> Korean                     | <input type="checkbox"/> Cantonese       | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese         | <input type="checkbox"/> Other/Multi-Racial/Unknown | <input type="checkbox"/> Mandarin        | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Filipino        | <input type="checkbox"/> Pacific Islander           | <input type="checkbox"/> Ilocano         | <input type="checkbox"/> French     |
| <input type="checkbox"/> Hawaiian        | <input type="checkbox"/> Portuguese                 | <input type="checkbox"/> Tagalog         | <input type="checkbox"/> German     |
| <input type="checkbox"/> Part-Hawaiian   | <input type="checkbox"/> Samoan                     | <input type="checkbox"/> Cebuano/Visayan | <input type="checkbox"/> Italian    |
| <input type="checkbox"/> Hispanic        | <input type="checkbox"/> Tongan                     | <input type="checkbox"/> Hawaiian        | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Indo-Chinese    | <input type="checkbox"/> White                      | <input type="checkbox"/> Japanese        | <input type="checkbox"/> Spanish    |
|  |   | <input type="checkbox"/> Korean          | <input type="checkbox"/> Tongan     |

**WHOM MAY WE THANK FOR YOUR APPLICATION TO SJV?**

Recommendation from...

A school parent? (Name) \_\_\_\_\_

A former student? (Name)\_\_\_\_\_

A parishioner? (Name)\_\_\_\_\_

A friend? (Name) \_\_\_\_\_

Brochure\_\_\_\_\_

Advertisement\_\_\_\_\_

Sign\_\_\_\_\_

A non-refundable application fee of \$30.00 is required with this application. I hereby apply my child to St. John Vianney School.

\_\_\_\_\_  
Signature of Parent or Guardian date

\_\_\_\_\_  
Signature of Parent or Guardian date

***St. John Vianney School does not discriminate on the basis of race, color, national and ethnic origin.***

***Application Fee:     Paid*** \_\_\_\_/\_\_\_\_/\_\_\_\_ # \_\_\_\_\_

***Interview Date:*** \_\_\_\_\_