

St. Vivian School Application 2026-2027 School Year

885 Denier Place Cincinnati, Ohio 45224 (513) 522-6858 FAX (513) 728-4336

Please fill out this form completely and accurately. Failure to complete form or supply all information may result in delayed processing/denial of enrollment.

Name of Student _____ Sex M F
Last First Middle Initial (Nickname)
Current Grade _____ Date of Birth _____ Birthplace _____
Religion _____ Phone _____
(Must include baptismal certificate if Catholic)
Home Address _____ Email _____
Street Zip

Public School District _____ **Previous School Attended** _____

Student lives with _____ **Relationship** _____

If divorced, name(s) of custodial parent(s) _____
(Divorce decree and/or child custody agreement must be included with this Application)

Applying for entry into grade _____ **First Language** _____ **Language Spoken at Home** _____

Ethnic Background: () African-American () Hispanic () Asian () American Indian/Native Alaskan () White
() Native Hawaiian/other Pacific Islander () Multiracial

Previous School attended _____ Grade(s) _____ Phone # ____ / ____ / ____
Fax # ____ / ____ / ____

Are You Applying For: Ohio EdChoice Traditional - Y / N Ohio EdChoice Expansion – Y / N

Father _____ Social Security # _____ ()deceased ()birth father ()stepfather ()guardian Address _____ Cell Phone _____ Occupation _____ Bus .Phone _____ Place of Employment _____ Bus. Address _____ Religion _____ Parish _____ St. Vivian Parish Account Number (envelope #) _____ Family's e-mail address: _____	Mother _____ Maiden Name: _____ Social Security # _____ ()deceased ()birth mother ()stepmother()guardian Address _____ Cell Phone _____ Birthplace _____ Occupation _____ Bus. Phone _____ Place of Employment _____ Bus. Address _____ Education _____ Religion _____ Parish _____ St. Vivian Parish Account Number (envelope #) _____ Family's e-mail address: _____
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SACRAMENT INFORMATION (if Catholic) - include both date and location

(Month/Day/Year)

Church

City and State

Baptism: _____

If Catholic, a copy of your child's baptismal certificate must accompany this registration form.

Reconciliation _____

First Communion _____

Confirmation _____

Has this student ever had any academic testing/evaluations? (If "yes" please circle those appropriate):

Multifactoried Psychological Speech/Language Reading Math ADD/ADHD

Include copies of any evaluations circled.

Has this student ever been enrolled in any special programs in or out of school? If "yes", please circle

which: Speech/Language, Remedial Reading, Remedial Math, Gifted/Enrichment, Tutoring,

Title 1.

Does the student have a 504 or accommodations plan for learning? _____

Has this student ever had an IEP? ___ If "yes" specify the area _____(include copy)

Has this student ever been retained? ___ if "yes", specify grade(s) _____

Has this student ever been prescribed medication? ___ if "yes" specify _____

IF "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS:

Please provide any additional information that will be helpful to us in meeting the needs of your child:

Names of Brothers/Sisters

Name _____ School _____ Grade _____

HOW DID YOU LEARN ABOUT ST. VIVIAN SCHOOL?

___Friend ___Family ___Newspaper ___Poster ___Church bulletin ___Other (specify) _____

I DO HERBY GRANT PERMISSION FOR THE RELEASE OF ALL OF THE ABOVE RECORDS TO ST. VIVIAN SCHOOL. I understand that all tuition and fees must be paid before school records, including report cards, are released by St. Vivian School. I understand that acceptance of my child requires a first year probation.

Date _____ Signed _____ Relationship _____

\$175* Non-refundable Registration fee applies to facilities, technology fees**

Ohio Ed Exp _____ Ohio Ed Traditional _____ Registration amount paid _____ Check _____ Cash _____ Money order _____