



Admission Application St. John Vianney High School

Please print or type.

Applicant's legal name: First _____ Middle _____ Last _____

Date of birth: Month _____ Date _____ Year _____

Applying for admission to grade 9 10 11 12 Graduation Year _____

Applicant lives with: Mr./Ms/Mrs./Mr. & Mrs. _____ Relationship: _____

In cases of divorce: Custodial parent is Mother Father Joint

Mailing Address: _____ City/State/Zip: _____

Home phone: (_____) _____ Applicant's Social Security Number: _____

Father's name: _____ Work phone: (_____) _____

Employer: _____ Address: _____

Mother's name: _____ Work phone: (_____) _____

Employer: _____ Address: _____

Religion: Applicant _____ Father _____ Mother _____

Parish or church of worship: _____

Public school district of residence: _____

Applicant's present school: _____

Other schools attended: _____ From _____ To _____

_____ From _____ To _____

Relatives graduated from Vianney: _____ Class of _____

_____ Class of _____

Brothers attending Vianney/Grad year: _____

How did you find out about St. John Vianney? _____

This application cannot be processed without an official transcript of grades, standardized test scores, attendance and discipline from the present school.

Please return this completed form and have all educational records forwarded to:

Mr. Tom Mulvihill – Director of Admissions
St. John Vianney High School
1311 S. Kirkwood Rd.
St. Louis, MO 63122
314-965-4853 ext. 142 / tmulvihill@vianney.com