



Admissions Application

Please print or type.

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

Date of birth: Month _____ Date _____ Year _____ Home phone: (____) _____

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 Applicant's Social Security Number: _____

Mailing Address: _____ City/State/Zip: _____

Father's name: _____ Cell phone: (____) _____

Employer: _____ Address: _____

Cell Phone: (____) _____ Email: _____

Mother's name: _____ Cell phone: (____) _____

Employer: _____ Address: _____

Cell Phone: (____) _____ Email: _____

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 Vianney? _____

_____ Date ____ / ____ / ____

SIGNATURE OF PARENT - By signing above, you are allowing your present school to release a transcript of grades, test scores, attendance and discipline. Please inform your current school of this application and release of the information.

Please return this completed form to:
Mr. Tom Mulvihill – Director of Admissions
▪ 1311 S. Kirkwood Rd., St. Louis, MO 63122 ▪ 314-965-4853 ext. 142 ▪ tmulvihill@vianney.com