



127 Convent Ave
Rutland, VT 05701
802-775-0151
www.msjvermont.org

Application for Admission 2018-2019 Academic Year

Student's Name: _____

Birth Date: _____ Entering Grade: _____ Gender: M__ F__

Phone Number: _____

List any sibling(s) and their age(s): _____

Previous School: _____ Phone: _____

Does student have IEP/504/EST Plan? ___ Yes ___ No If YES, Please provide a copy of the plan.

Religious Affiliation: _____ Name of Parish/Place of Worship: _____

Athletic Interests: _____

Extracurricular Interests (theater, music, art): _____

Name Father/Guardian: _____ Custodial: Yes ___ No ___

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Place of Employment: _____ Work Phone: _____

Name Mother/Guardian: _____ Custodial: Yes ___ No ___

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Place of Employment: _____ Work Phone: _____