

STUDENT INFORMATION

Student Name (Last, First, Middle)

Address (Number, City, State, Zip)

Place of birth (City, State) Date of Birth mm/dd/yyyy

Does student have siblings at St. John Paul? No Yes, name and grade of siblings
Name: Grade: Name: Grade:
Name: Grade: Name: Grade:

Student Social Security Number Registering for grade: K 1 2 3 4 5 6 7 8
P4 FT

Who does student live with?
 both parents mother father guardian grandparent

Student Race/Ethnic Origin
 White/Non-Hispanic Hispanic Asian/Pacific Islander Black/Non-Hispanic
 Multiracial American Indian/Alaskan Other

RELIGIOUS AFFILIATION

Student Religious Affiliation If Catholic, parish where you are registered:

If Catholic, has student been baptized? Has student received First Holy Communion?
 Yes No Yes No If yes, parish:

PREVIOUS SCHOOL

Name of Last School Attended: Address (City, State):

 Public Private PreK Grade _____

FATHER/GUARDIAN INFORMATION

Father's/Guardian's Name (Last First, Middle) Home Phone:
Cell Phone:

Home address if not same as student (#, street, town, state, zip) Email(s)

Employer/Company Name Occupation

Employer Address Work phone:

MOTHER/GUARDIAN INFORMATION

Mother's/Guardian's Name (Last First, Middle) Home Phone:
Cell Phone:

Home address if not same as student (#, street, town, state, zip) Email(s)

Employer/Company Name Occupation

Employer Address Work phone:

PARENT COMMUNICATION

FATHER/Guardian (Please check all that apply.)
 Publish home phone & email in school directory Custodial Rights
 Receive report card Authorized to pick up
 Authorized as emergency contact Live with child

MOTHER/Guardian (Please check all that apply.)

- Publish home phone & email in school directory Custodial Rights
 Receive report card Authorized to pick up
 Authorized as emergency contact Live with child

Is there a court order which affects either parent's contact with the student during the school day or transporting of the student to or from school?

- Yes If yes, please provide a copy of court order. No

PERSONS (OTHER THAN PARENT/GUARDIAN) WITH PERMISSION TO PICK UP STUDENT

Name	Relationship to student	Phone number
1		H: C:
2		H: C:
3		H: C:
4		H: C:

SCHOOL HISTORY

1. Has your child ever been evaluated for behavioral, academic, or psychological difficulties?

- No Yes (please explain)

2. Has your child ever been part of a Special Educaiton program? No Yes

3. Does your child have an IEP? No Yes If yes, please provide a oopy.

4. Has your child ever been expelled from school for disciplinary reasons? null

- No Yes (please explain)

5. Is there any other information about your child's academic, behavioral, social/emotional history which would be helpful for the school to know?

- No Yes (P lease explain)

PHOTO PERMISSION

I give my permission for Saint John Paul II School to use my child's photograph, video image, name, awards grade level in newspapers, websites, and school publications. I understand that they will be used only in officially school sponsored submissions. I understand that without my signature my child's photograph can not be used in any publication.

Parent/Guardian Signature

Date

Do you plan to use extended day program? Full time Weekly Occasionally, as needed Not at all

Would you like grandparents to receive JP II Communications?

Email: _____ Email: _____

Email: _____ Email: _____