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 P4 PT

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 AFFILIATON

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

If Catholic, has student been baptized? ☐ Yes ☐ No | Has student received First Holy Communion? ☐ 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
□ Receive report card
□ Authorized as emergency contact
□ Custodial Rights
□ Authorized to pick up
□ 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 (Please 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 JPII Communications?

Email:_____ Email:_____

Email:_____ Email:_____