

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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> grandparent			
Student Race/Ethnic Origin <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other			
RELIGIOUS AFFILIATION			
Student Religious Affiliation		If Catholic, parish where you are registered:	
If Catholic, has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, parish:	
PREVIOUS SCHOOL			
Name of Last School Attended:		Address (City, State):	
<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> 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.)			
<input type="checkbox"/> Publish home phone & email in school directory		<input type="checkbox"/> Custodial Rights	
<input type="checkbox"/> Receive report card		<input type="checkbox"/> Authorized to pick up	
<input type="checkbox"/> Authorized as emergency contact		<input type="checkbox"/> Live with child	

MOTHER/Guardian (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Publish home phone & email in school directory | <input type="checkbox"/> Custodial Rights |
| <input type="checkbox"/> Receive report card | <input type="checkbox"/> Authorized to pick up |
| <input type="checkbox"/> Authorized as emergency contact | <input type="checkbox"/> 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: _____